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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
· .				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Statewide Blinds Inc				
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an or	riginal and one (1) copy of the artic	cles of incorporation an	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL C	OPY REQUIRED		
FROM: _	Larry M. Name	Vanderhoof (Printed or typed)			
14510 Hudson Ave Address					
					_
_	813-480-8638 Daytime Telephone number				
	Daytime Telephone number				
_	Larry@Sta	atewideBlinds.co	om notification)		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the cor	NAME Statewide Blinds poration shall be:	Inc		
ARTICLE II	PRINCIPAL OFFICE Principal street address		Mailing addres	s, if different is:
	14510 Hudson Ave			ame
_	Spring Hill Florida 34610			ame
ARTICLE III F				
The purpose for wh	ich the corporation is organized is:			~.o ~
Ultrasonic clea	aning, repair and replacement of	f blinds.		THE SEC. F.
ARTICLE IV S				S.C. F. S.F.
	INITIAL OFFICERS AND/OR DIREC			
	le:Larry M. Vanderhoof			
Address:	President / CEO 14510 Hudson Ave	Addre	ess: <u>VP7 CFO</u> 14510 Hud	son Ave
	Spring Hill Florida 34610		Spring Hill	Florida 34610
Name and Titl	le:	Name	and Title:	
Address:				
				
	le:	Name	and Title:	
Address:				
The name and Flori	REGISTERED AGENT ida street address (P.O. Box NOT acceptate	ole) of the regi		
Address:	Larry M. Vanderhoof 14510 Hudson Ave			
	Spring Hill Florida 34610			
ARTICLE VII	INCORPORATOR			
The name and addr	ress of the Incorporator is:			
Name: Address:	Clara R. Vanderhoof			
Address:	14510 Hudson Ave Spring Hill Florida 34610			
	l as registered agent to accept service of p familiar with and accept the appointment a			
Vand	to the state of th			7/20/2012
	Required Signature/Registered Agent	t		Date
	nent and affirm that the facts stated hereio partment of State constitutes a third degree			
0/-	$\sqrt{n-p}$			
	Required Signature/Incorporator			7/20/2012 Date
	redamed signature/incorboration			Date