## P12000069700

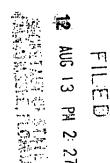
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
CiO12-31568





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## **COVER LETTER**

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

<b>SUBJECT: KENDA JORDAN INTE</b>	RIORS	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation ar	nd a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: KENDA JORDAN Name	(Printed or typed)	
330 VININGS WAY BLVI	D. 11311	
DESTIN, FL 32541	Address State & Zip	
601.325.0727  Daytime To	elephone number	
kenda.jordan@gmail.con E-mail address: (to be used	n I for future annual repor	t notification)

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2012

KENDA JORDAN 330 VININGS WAY BLVD. 11311 DESTIN, FL 32541

SUBJECT: KENDA JORDAN INTERIORS

Ref. Number: W12000037568

We have received your document for KENDA JORDAN INTERIORS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 512A00018890

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

	orporation shall be:	FILED
ARTICLE II	PRINCIPAL OFFICE	Mailingswidgers of different is:
	Principal street address	Mailing phoresuff different is: 2: 27
	30 VININGS WAY BLVD. 11311 DESTIN. FL 32541	CALLEGATA OF CHARACTERS OF CONTROL OF CONTRO
_		4万年10日日本部元,宁东上南北京
he nurnose for w	PURPOSE  thich the corporation is organized is:	41
DESIGN AND	CONSULTATION SERVICES, SALE	OF FURNISHINGS AND ACCESSORIES
RTICLE IV	SHARES	
he number of sha	res of stock is: 100	
RTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	
Address:	itle: Kenda Jordan 330 Vinings Way Blvd. 11311	Address:
	Destin, Fl. 32541	
Name and Ti	itle:	Name and Title:
Address:		
Name and Ti Address:	itle:	Name and Title:
Address:		Address:
RTICLE VI	REGISTERED AGENT	
	rida street address (P.O. Box NOT acceptable) of the	ne registered agent is:
Name:	Kenda Jordan	
Address: .330 Vinings Way Blvd. 1131		
	Destin, FL 32541	
RTICLE VII	INCORPORATOR	
he <u>name and ado</u>	dress of the Incorporator is:	
Name:	Kenda Jordan	
Address:	330 Vinings Way Blvd, 11311 Destin, FL 32541	
	<u> </u>	ما ما ما ما الله الله الله الله الله الل
laving been name	ed as registered agent to accept service of process f m familiar with and accept the appointment as regist	for the above stated corporation at the place designated to
nis cerujicaie, i ai 1/	n jumular with that accept the appointment as regist	erea ageni ana agree io aci in inis cupacuy
	Da lordan	07/10/2012
[ In	<u> </u>	Date
Len	Required Signature/Registered Agent	
Len	Required Signature/Registered Agent	
	nment and affirm that the facts stated herein are tr	rue. I am aware that the false information submitted in
		rue. I am aware that the false information submitted in
	nment and affirm that the facts stated herein are tr	rue. I am aware that the false information submitted in