

P/2000079659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

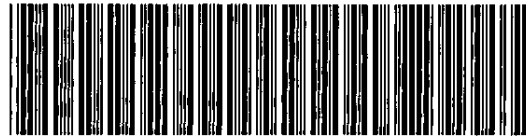
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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12 SEP 17 PM 1:38  
FILING OFFICE  
TALLAHASSEE, FLORIDA

*π* 09/19/12

COVER LETTER

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

**QO Kitchen Design, Inc.**  
**SUBJECT:** \_\_\_\_\_  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☒ \$78.75 Filing Fee  
& Certified Copy  
☐ \$7.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM Oral Mitchell \_\_\_\_\_  
Name (Printed or typed)

5967 SW 21st Street \_\_\_\_\_  
Address

West Park Florida 33023 \_\_\_\_\_  
City, State & Zip

786-728-0303 \_\_\_\_\_  
Daytime Telephone number

CasonL@bellsouth.net and gowoodwork@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

**ARTICLE I NAME**

The name of the corporation shall be:

**QO Kitchen Design, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5967 SW 21st Street  
West Park FL 33023

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Installation of Kitchen cabinets,  
vanities, and closets.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Address:

**Oral Mitchell President**  
5967 SW 21st Street  
West Park FL 33023

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Address:

**Oral Mitchell**  
5967 SW 21st Street  
West Park FL 33023

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Address:

**Latoya Cason**  
2210 SW 48th Ave  
West Park FL 33023

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date

12 SEP 17 PM 14:29  
TALLAHASSEE, FLORIDA

8-28-12

8-24-2012