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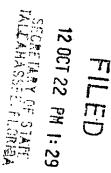
•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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MP) 10

COVER LETTER

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

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SUBJECT: LMP/RE M/C.		
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the artic	les of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: CASEY STEVEN GAYLORD JR. Name (Printed or typed) 5000 Lake Worth Rd. 5te # 514 Address		
Lake Worth City, S	F1. 33463 State & Zip	
561-967-9469 Daytime Telephone number		
CASEG 2187 E-mail address: (to be used	for future admual report notification)	

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



FLORIDA DEPARTMENT OF-STATE Division of Corporations

RECEIVED 12 OCT 22 PM 3: 56

SECRETION OF STATE TALLAHMASEE. FLORIDA

October 10, 2012 -

CASEY STEVEN GAYLORD JR. 5000 LAKE WORTH RD STE #514 LAKE WORTH, FL 33463

SUBJECT: EMPIRE INC. Ref. Number: W12000052034

We have received your document for EMPIRE INC. 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 512A00025056

www.sunbiz.org

Division of Corporations - P.O. ROY 6327 Tallahassoo, Florida 32314

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: CFT/SLAKE WORTH GIASS & MILLON MARTICLE II. PRINCIPAL OFFICE.
ARTICLE II PRINCIPAL OFFICE Principal street address 5000 Lave Worth 61-4514 Lave Worth F1 33463 Lave Worth F1 33463 See # 514
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Is to profit from the scales of glass of mirror Products & Installation of those products.
The number of shares of stock is: 100 shares 51 shaves to president/49 shares
ARTICLE IV SHARES The number of shares of stock is: DO Shares 51 shaves to president /49 shares ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: CASEU GRUNOW / VISION Name and Title: Address: 5000 Lane Worth FI- 33463
Name and Title: ONS DEPOSORALE / VICE Name and Title:
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: Address:
ARTICLE VII. INCORPORATOR
The name and address of the Incorporator is: Name: Address: SOO La la la Lace Worth Fl. 33463
Having been named as registered agent to accept service of process for the above stated corporation at the place Resignated in this certificate, Lam familiar with and accept the appointment as registered agent and agree to act in this capacity
Required Signature/Registered Agent 10/3/12 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