P13000009991

(Requestor's Name)				
(Address)				
(Add	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARIANS OF STATE

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COVER LETTER

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

SUBJECT: Des	signs By Karlmic	hael Inc.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: K	arl Gorkowski	e (Printed or typed)	
94	40 Nw 4th ave	••	
		Address	
В	oca Raton Florid		
56	61-929-0688	, State & Zip	
_	•	Telephone number	
<u>ka</u>	arlmichaeldesigns@	gmail.com ed for future annual report	notification\
	L-man address. (to be us	ca for fatare aimaar report	iioaiioaii)

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

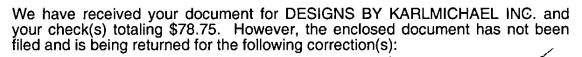
FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2013

KARL GORKOWSKI 940 NW 4TH AVE BOCA RATON, FL 33432

SUBJECT: DESIGNS BY KARLMICHAEL INC.

Ref. Number: W13000003745



The document must contain a registered agent with a Florida street-address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Complete Article III listing the purpose of the corporation.

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 JAN 30 PK 中25

www.sunbiz.org

Letter Number: 513A00001496

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

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ARTICLE I NAM The name of the corporat	<u>æ</u> _{tion shall be:} Designs By Karlmi	chael Inc.	13 JAN 30 PH 2: 4
	NCIPAL OFFICE Principal street address		SECRETARY OF STATE addited in all the state of the state
Boca Raton F			
ARTICLE III PUR The purpose for which t	POSE he corporation is organized is: DRM	eting \$	DESIGN
ARTICLE IV SHA The number of shares of	stock is: 100		
	r <u>ial officers and/or director:</u> :Karl Gorkowski president		
Address	940 Nw 4th ave	Address:	
	Boca Raton Florida 33432	***************************************	
Name and Title:		Name and Title:	
· Address		Address:	
		- +	
Address		Address:	

FILED

Name and Title:	Name and Title:	IS JAN 3D PH 20 HB
Address	Address:	SECRETARY: OF STATE TALLAHASSEE, FLORIDA
		TONIDA
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT	acceptable) of the registered agent	is:
Name: KARL GORK	owsK1	
Address: 940 NW 4+A	1. AVENUE	
Name: KARL GORKO Address: 940 NW 4+A BOCA RATON	FC. 33432	_
ARTICLE VII INCORPORATOR		
	OWSKI MAVENUE DN, FC. 33432	2
Having been named as registered agent to accept serv this certificate, I am familiar with and accept the appo	rice of process for the above stated intment as registered agent and ag	l corporation at the place designated in gree to act in this capacity
Lackfor	houshe'	01/14/13
Required Signardre/Register	ed Agent	Date
I submit this document and affirm that the facts state document to the Department of state constitutes a)thir	ed herein are true. I am aware th d degree felony as provided for in	at the false information submitted in a s.817.155, F.S.
	rowski	01/14/13
Required Signature/Incorp	porator	Date
• //		