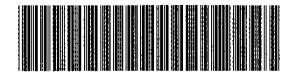
# P130000 11000

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL .
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
WH3-5	453-	

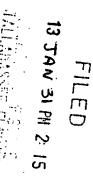
Office Use Only



200238772262

## FILING CANCELLED RETURNED CHECK

01/25/13--01032--002 \*\*78.75



1/4

### **COVER LETTER**

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

,			
SUBJECT: SH	ERRON'S URBA		•
	(PROPOSÉD CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal 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:	KIMBERLY WILLI		
_	Nam	e (Printed or typed)	
4	835 ALCAZAR W	VAY S	
_		Address	
5	ST. PETERSBUR	•	
	City	State & Zip	
4	046377534		
_	Daytime 7	elephone number	

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

SHERRONSURBAN@GMAIL.COM

E-mail address: (to be used for future annual report notification)



January 28, 2013

KIMBERLY WILLIAMS 4835 ALCAZAR WAY S ST. PETERSBURG, FL 33712

SUBJECT: SHERRON'S URBAN FURNITURE, INC.

Ref. Number: W13000005453

We have received your document for SHERRON'S URBAN FURNITURE, 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 registered agent must sign accepting the designation.

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

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: 013A00002101

### FILING CANCELLED RETURNED CHECK ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ICLE I NA ame of the corpor	Tation shall be: SHERRON'S URB	BAN FURNITURE, INC.	_
	INCIPAL OFFICE Principal street address AR WAY S	Mailing address, if different is:	/ <b>3</b> Sti
. PETERS	BURG, FL 33712	•	
ICLE III PUI	RPOSE the corporation is organized is:	ND ALL LAWFUL ACTIVITY	
			<del></del>
umber of shares o	TIAL OFFICERS AND/OR DIRECTOR:	<u>§</u>	
umber of shares o	f stock is:	S Name and Title:	
umber of shares o	TITIAL OFFICERS AND/OR DIRECTORS  IC: 4835 ALCAZAR WAY S	_	-
umber of shares of the control of th	f stock is: 100 TIAL OFFICERS AND/OR DIRECTOR: Ic: KIMBERLY WILLIAMS	Name and Title:	
ICLE V IN  Name and Tit  Address	TIAL OFFICERS AND/OR DIRECTORS  de: KIMBERLY WILLIAMS  4835 ALCAZAR WAY S  ST. PETERSBURG, FL 33712	Name and Title:	
ICLE V IN  Name and Tit  Address	TIAL OFFICERS AND/OR DIRECTORS  de: KIMBERLY WILLIAMS  4835 ALCAZAR WAY S  ST. PETERSBURG, FL 33712	Name and Title:  Name and Title:	
Name and Tite  Name and Tite	f stock is: 100  TTIAL OFFICERS AND/OR DIRECTOR:  Le: KIMBERLY WILLIAMS  4835 ALCAZAR WAY S  ST. PETERSBURG, FL 33712	Name and Title:  Address:  Name and Title:  Address:	
Name and Title Address	TIAL OFFICERS AND/OR DIRECTORS de: KIMBERLY WILLIAMS 4835 ALCAZAR WAY S ST. PETERSBURG, FL 33712	Name and Title:  Address:  Name and Title:  Address:	
Name and Title Address	TIAL OFFICERS AND/OR DIRECTORS de: KIMBERLY WILLIAMS 4835 ALCAZAR WAY S ST. PETERSBURG, FL 33712	Name and Title:  Address:  Name and Title:  Address:	

# FILING CANCELLED RETURNED CHECK

Address	3	Address:	
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered exect icr	
Name:	KIMBERLY WILLIAMS	the registered agent is:	
Address:	4835 ALCAZAR WAY S		ω 
	ST. PETERSBURG, FL 33712		TAN.
ARTICLE VII	INCORPORATOR		SI PA
The <u>name and a</u>	ddress of the incorporator is;		
Name:	KIMBERLY WILLIAMS		G
Address:	4835 ALCAZAR WAY S		
	ST. PETERSBURG, FL 33712		
Having been nat	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated co	rporation at the place designated
inis cerujicale, i	om juniuur wun unu uccepi ine uppoinimeni us reg	sierea agem ana agree	1/25/12
	Required Signature/Registered Agent		Date
I submit this doc document to the	yment and affirm that the facts stated herein are a Department of State constitutes a third degree felony	rue. I am aware that the	he false information submitted in 7.155, F.S.
X-	C3/106		1/30/13
/ 1	Required Signature/Incorporator		/ / Date

Name and Title:\_\_\_\_\_\_\_Name and Title:\_\_\_\_\_\_