

713000019622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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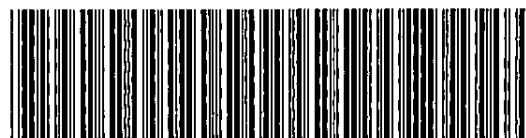
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: The Blind Couple, Inc.
(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
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Nislaidy Bieniasz
Name (Printed or typed)

2325 SE 8th Ave.
Address

Cape Coral, FL 33990
City, State & Zip

239-784-6524
Daytime Telephone number

theblindcouple27@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: The Blind Couple, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2325 SE 8th Ave.
Cape Coral, Fl. 33990

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Shop at home retail
window covering sales + installation.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nislaidy Bieniasz

Name and Title: Jeffrey Bieniasz

Address President

Address: Secretary

2325 SE 8th Ave.

2325 SE 8th Ave

Cape Coral, Fl. 33990

Cape Coral, Fl. 33990

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Nislaidy Bieniasz
Address: 2325 SE 8th Ave.
Cape Coral, Fl. 33990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nislaidy Bieniasz
Address: 2325 SE 8th Ave.
Cape Coral, Fl. 33990

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

N. Bieniasz 2-25-13
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.

N. Bieniasz 2-25-13
Required Signature/Incorporator Date

SECRET
DEPT. OF STATE
TALLAHASSEE
FLORIDA

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