

PI3000057374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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13 JUL -2 AM 11:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Ocean Designs 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: STACEY SANZONE  
Name (Printed or typed)

143 OXFORD CT  
Address

INDIAN LANTIC FL 32903  
City, State & Zip

321 724 2030  
Daytime Telephone number

beachbum@cfl.rr.com ✓  
E-mail address: (to be used for future annual report notification)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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:

Ocean Designs Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

143 Oxford Court  
Indianapolis IN 46203

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

designing logos,  
embroidering, marketing, digitizing  
software files for embroidery and printing,  
sewing, making crafts.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title:

Stacey Samone

Name and Title:

Timothy Samone Jr VP

Address

143 Oxford Ct  
Indianapolis IN  
46203

Address:

143 Oxford Ct  
Indianapolis IN  
46203

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

(cont.)

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: Stacey Sanzone  
Address: 143 Oxford Ct  
Indianapolis IN 46203

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stacey Sanzone  
Address: 143 Oxford Ct  
Indianapolis IN 46203

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

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

Stacey Sanzone Pro 7/1/13  
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.

Stacey Sanzone Pro 7/1/13  
Required Signature/Incorporator Date