

P13000061569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

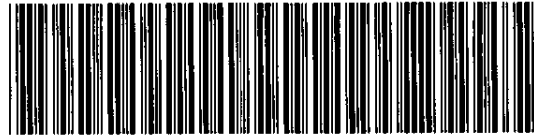
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Certified Copies _____

Certificates of Status ☒

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07/25/13--01001--005 **78.75

RECEIVED
DEPARTMENT OF STATE
13 JUL 24 PM 4:00

APPROVED
AND
FILED
13 JUL 24 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Van Camp's Floors & More, Co.

(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: Elizabeth Billingsley

Name (Printed or typed)

1404-C Capital Circle NE

Address

Tallahassee, FL 32308

City, State & Zip

850-509-4250

Daytime Telephone number

elizabeth.billingsley@gmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JUL 24 PM 4:08

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AND
FILED

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: Van Camp's Floors & More, Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1404-C Capital Circle NE
Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct and transact all lawful
business activities allowed under the laws of the State of Florida.

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elizabeth Billingsley, P
Address: 1404-C Capital Circle NE
Tallahassee, Florida 32308

Name and Title: Luke Van Camp, VP
Address: 3877 Gaffney Loop
Tallahassee, Florida 32303

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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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: Elizabeth Billingsley
Address: 1404-C Capital Circle NE
Tallahassee, Florida 32308

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Elizabeth Billingsley
Address: 1404-C Capital Circle NE
Tallahassee, FL 32308

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


Required Signature/Registered Agent

7/22/13
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

7/22/13
Date