

P13000088436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 28 AM 11:08

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COVER LETTER

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

SUBJECT: **alexander mason designs corporation**

(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: **samantha harris**

Name (Printed or typed)

6326 old medinah circle

Address

lake worth fl 33463

City, State & Zip

3053350225

Daytime Telephone number

samharris@alexandermasondesigns.com

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

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: alexander mason designs corporation

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: 13 OCT 28 AM 11:08

6326 old medinah circle

lake worth fl 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to sell stationary and printed materials

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: scott harris president

Address: 6326 old medinah circle
lake worth fl 33463

Name and Title: samantha harris treasurer

Address: 6326 old medinah circle
lake worth fl 33463

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

13 OCT 28 AM 11:08

ARTICLE VI REGISTERED AGENT

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

Name: scott harris

Address: 6326 old medinah circle
lake worth fl 33463

ARTICLE VII INCORPORATOR

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

Name: samantha harris

Address: 6326 old medinah circle
lake worth fl 33463

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

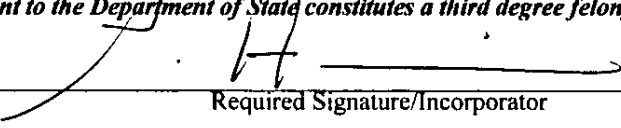


Required Signature/Registered Agent

10/13/13

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

10/13/13

Date