

P140000 83067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

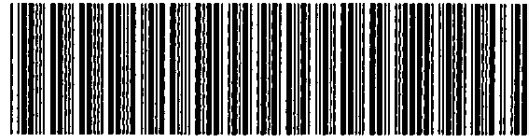
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/06/14--01003--003 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 OCT -6 PM 2:28

8005 10/6/14

COVER LETTER

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

SUBJECT: A Closet Design Center, 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: Amanda Lurgio

Name (Printed or typed)

1742 NW San Souci Street

Address

Stuart, Florida 34994

City, State & Zip

772-934-6614

Daytime Telephone number

amandalurgio@bellsouth.net

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:

A Closet Design Center, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1742 NW San Souci Street

Stuart, Florida 34994

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Design and Install Custom Closets and

Shower Doors

"Professional Corporation"

ARTICLE IV SHARES

The number of shares of stock is:

1,000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Troy Lurgio President

Name and Title:

Amanda Lurgio Vice President

Address

1742 NW San Souci St
Stuart, FL 34994

Address:

1742 NW San Souci Street
Stuart, FL 34994

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(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: Amanda Lurgio

Address: 1742 NW San Souci Street
Stuart, Florida 34994

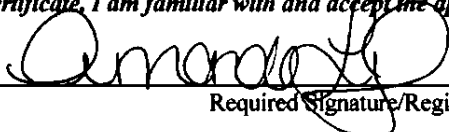
ARTICLE VII INCORPORATOR

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

Name: Amanda Lurgio

Address: 1742 NW San Souci Street
Stuart, Fl 34994

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

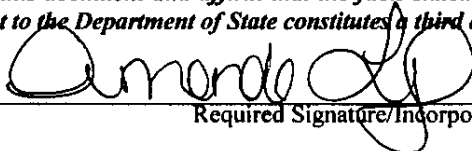


Required Signature/Registered Agent

9-9-14

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

9-9-14

Date