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**COVER LETTER**

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

**SUBJECT: Horizon Home Products, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM: Peter J. Schimpf**

Name (Printed or typed)

**841 Nicolet Ave, Suite 5**

Address

**Winter Park, FL 32789**

City, State & Zip

**407-645-5656**

Daytime Telephone number

**peter.schimpf@HorizonMediaExpress.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: Horizon Home Products, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

841 Nicolet Ave. Suite 5

Winter Park, FL 32789

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To identify, develop and market products for the home  
including, but not limited to kitchen, cooking, decor, patio and outdoor products.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Peter J. Schimpf, President

Name and Title: Karen C. Schimpf, VP

Address 841 Nicolet Ave, Suite 5  
Winter Park, FL 32789

Address: 841 Nicolet Ave. Suite 5  
Winter Park, FL 32789

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

(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: Peter J. Schimpf  
Address: 841 Nicolet Ave, Suite 5  
Winter Park, FL 32789

**ARTICLE VII INCORPORATOR**

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

Name: Peter J. Schimpf  
Address: 841 Nicolet Ave, Suite 5  
Winter Park, FL 32789

*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*

Peter J. Schimpf  
Required Signature/Registered Agent

January 13, 2015

*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.*

Peter J. Schimpf  
Required Signature/Incorporator

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JAN 13 2015  
5:48 PM  
Date