P. 001

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION A1 ECLECTIC INTERIOR DESIGNER, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE Principal street address 2957 NW 24 ST MIAMI, FL 33142 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS ANTICLE IV INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Address Name and Title: CHANTEL PITA (V/P) Address MIAMI, FL 33142 Name and Title: Address MIAMI, FL 33142	Principal street address 2957 NW 24 ST MIAMI, FL 33142 PARTICLE II PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS Principal street address ANY AND ALL LAWFULL BUSINESS ANY AND ALL LAWFULL BUSINESS Principal street address ANY AND ALL LAWFULL BUSINESS ANY AND ALL LAWFULL BUSINESS PRINCIP INTIAL OFFICERS AND ADD DIRECTORS Name and Title. ALDRIN PITA (P) Address MIAMI, FL 33142 Name and Title: CHANTEL PITA (V/P) Address Name and Title: Address Address:			RIOR DESIGN	
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Name and	l Tide:	Name and Title:	
Address		Address:	
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ARTICLE VI	REGISTERED AGENT		
The name and Fig.	o <mark>rida street address</mark> (P.O. Box NOT acceptable) . ALDRIN PITA	of the registered agent is:	
Address:	2957 NW 24 ST		,
	MIAMI, FL 33142	_	E 5
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		第 主 []
Name:	ALDRIN PITA		
Address:	2957 NW 24 ST		a: 25 SIMI FLORU
	MIAMI, FL 33142		
Having been nam this certificate, I a	ed as registered agent to accept Service of proce m familian with and accept the appointment as t	ess for the above stated corp registered agent and agree t	poration at the place designated in o act in this capacity
	allet		02/17/2015
	Required Signature/Registered Agent		Date
I submit this docu document to the D	iment and affirm that the facts stated herein at experimently State constitutes a shird degree fet	re true. I am aware that th ony as provided for in s.817	e false information submitted in a
	Ulil let		02/17/2015
	Required Signature/Incorporator		Date