

P15000021220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

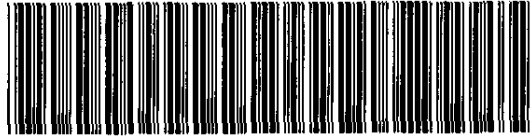
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 15 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Decorator's Difference, 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: Jerrold E. Slutzky, Slutzky Law Firm

Name (Printed or typed)

853 Main Street, Suite A

Address

Safety Harbor, FL 34695

City, State & Zip

(727) 475-6200

Daytime Telephone number

LASOI@aol.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: Decorator's Difference, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

718 Broadway

Dunedin, FL 34698

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the business of retail and
consignment sales of home and office furniture, furnishings, artwork, and
any and all products and services incident thereto, and to engage in any
other lawful activities permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deborah Binsack, Dir, Pres, Treas

Name and Title: _____

Address: 718 Broadway

Address: _____

Dunedin, FL 34698

Name and Title: Madison Binsack, VP, Secy

Name and Title: _____

Address: 718 Broadway

Address: _____

Dunedin, FL 34698

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: Deborah Binsack
Address: 718 Broadway
Dunedin, FL 34698

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Deborah Binsack
Address: 718 Broadway
Dunedin, FL 34698


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

MAR - 2 2015

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

MAR - 2 2015

Date