

P15XXX041460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

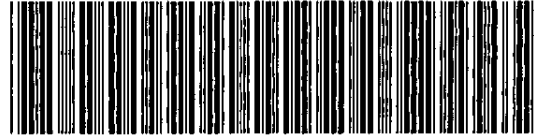
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15 MAY -5 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 8 2015

S. GILBERT

## COVER LETTER

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

SUBJECT: FRANCE FLOORING 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: FRANCILANY GRIMALDI DA SILVA  
Name (Printed or typed)

4065 PRINCETON ST, FORT MYERS FL 33901  
Address

FORT MYERS, FL 33901  
City, State & Zip

(239) 247-6729  
Daytime Telephone number

FRANCI GRIMALDI @ 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: FRANCE FLOORING INC

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

4065 PRINCETON ST, FORT MYERS FL 33901

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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: TILE AND MARBLE FLOORING  
INSTALLATION.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: ~~PRESIDENT~~

Address \_\_\_\_\_

(P) Name and Title: FRANCILANY GRIMALDI DA SILVA

Address: 4065 PRINCETON ST  
FORT MYERS, FL 33901

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

Address \_\_\_\_\_

(S) Name and Title: EVERTON COUTINHO

Address: 14650 EAGLE RIDGE DR  
FORT MYERS, FL 33912

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

Address \_\_\_\_\_

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

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: FRANCILANY GRIMALDI DA SILVA

Address: 4065 PRINCETON ST  
FORT MYERS, FL 33901

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FRANCILANY GRIMALDI DA SILVA

Address: 4065 PRINCETON ST  
FORT MYERS, FL 33901

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

Francilany Grimaldi da Silva  
Required Signature/Registered Agent

04-30-15  
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.

Francilany Grimaldi da Silva  
Required Signature/Incorporator

04-30-15  
Date