

P 15000048947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

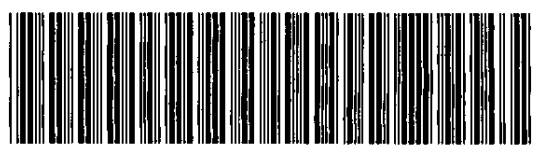
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/15--01032--016 **78.75

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15 JUN - 1 PM 3:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

6/4/15

COVER LETTER

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

SUBJECT: Image Design Consulting 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
(paid)

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Claudia Natasha Khan
Name (Printed or typed)

9440 SW 8th Street #422
Address

Boca Raton, FL 33428
City, State & Zip

678-662-3388
Daytime Telephone number

Imagedesign7@gmail.com.
E-mail address: (to be used for future annual report notification)

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15 JUN - 1 PM 3:56
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2015

CLAUDIA KHAN
9440 SW 8TH STREET
#422
BOCA RATON, FL 33428

SUBJECT: IMAGE DESIGN CONSULTING INC
Ref. Number: W15000033302

RECEIVED
15 MAY -1 PM 1:14
TALLAHASSEE, FLORIDA

We have received your document for IMAGE DESIGN CONSULTING INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 115A00009854

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15 JUN -1 PM 3:56
TALLAHASSEE, FLORIDA

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: Image Design Consulting INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
9440 SW 8th Street #422
Boca Raton, Fl. 33428

Mailing address, if different is:

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To establish a design company
which consists of Interior decorating, Home staging
Home decorating, event planning.

ARTICLE IV SHARES

The number of shares of stock is: 9

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudia Khan/owner Name and Title: _____

Address 9440 SW 8th Street Address: _____

422

Boca Raton, Fl 33428

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Claudia Natasha Khan

Address: 9440 SW 8th Street #422

Boca Raton, FL 33428

ARTICLE VII INCORPORATOR

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

Name: Claudia Natasha Khan

Address: 9440 SW 8th Street #422

Boca Raton, FL 33428

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Claudia Natasha Khan
Required Signature/Registered Agent

5/22/2015
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.

Claudia Natasha Khan
Required Signature/Incorporator

5/22/2015
Date