

PLS000051745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

WLS00034794

JUN 16 2015

T. SCOTT



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05/11/15--01012--008 **87.50

15 JUN 15 AM 10:28



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2015

KARL LEVIN KING
9648 SEAFARER'S WAY
MAVARRE, FL 32566

SUBJECT: CASUAL BLIND AND SHUTTERS INC.
Ref. Number: W15000034796

We have received your document for CASUAL BLIND AND SHUTTERS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 515A00010302

COVER LETTER

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

SUBJECT: CASUAL BLIND AND SHUTTERS 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: KARL KEVIN KING
Name (Printed or typed)

9648 Seafarers Way
Address

Naurre Fla 32566
City, State & Zip

850 206 8579
Daytime Telephone number

casualblindsinc @ bellsouth.net
E-mail address: (to be used for future annual report notification)

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

5/6/15

Department of State
New Filing Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Attn: Department Manager

I am the owner of Casual Blind and Shutters Inc. and that company was administratively closed. Please be advised, that I have no intention of reinstating the previous company. I am opening a new company, but since I am the sole owner of the previous company, I am respectfully requesting to maintain the name in the new company.

Attached is the completed form for Articles of Incorporation. Please process as soon as possible. Your attention to this matter is greatly appreciated.

Thank you.


Mr. Karl Kevin King

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: CASUAL BLIND AND SHUTTERS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9648 Seafarer's Way
NAVARRE Fla 32566

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KARL KEVIN KING Name and Title: President

Address 9648 Seafarer's way Address: _____
NAVARRE Fla 32566

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 JUN 19 AM 10:28

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: KARL KEVIN KING
Address: 9648 SEAFARERS WAY
NAVARO FL 32566

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KARL KEVIN KING
Address: 9648 SEAFARERS WAY
NAVARO FL 32566

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

Karl King
Required Signature/Registered Agent

5-6-15
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.

Karl King
Required Signature/Incorporator

5-6-15
Date

5/6/15

Department of State
New Filing Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Attn: Department Manager

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Thank you.

Mr. Karl Kevin King

A handwritten signature in black ink, appearing to read 'K. King', is written over the printed name 'Mr. Karl Kevin King'.