

P 15000069261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

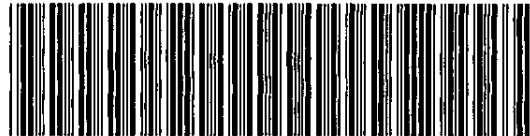
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000275965680

FILING CANCELLED
RETURNED CHECK

08/13/15--01022--024 **87.50

FILED
15 AUG 13 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/20/15

COVER LETTER

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

SUBJECT: 357 DECOR & FURNITURE, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: KIMBERLY WILLIAMS

Name (Printed or typed)

3916 BONNIE LANE SE

Address

ATLANTA, GA 30354

City, State & Zip

678-368-1677

Daytime Telephone number

357DECORFURN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 13 PM 2:29

FILED

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

FILING CANCELLED RETURNED CHECK

ARTICLES OF INCORPORATION

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

FILED

15 AUG 13 PM 2:29

ARTICLE I NAME

The name of the corporation shall be: 357 DECOR & FURNITURE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
12930 OULTON CIRCLE

ORLANDO, FL 32832

Mailing address, if different is:

3916 BONNIE LANE SE

ATLANTA, GA 30354

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KIMBERLY WILLIAMS, CEO

Address: 12930 OULTON CIRCLE
ORLANDO, FL 32832

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILING CANCELLED RETURNED CHECK

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: KIMBERLY WILLIAMS

Address: 12930 OULTON CIRCLE

ORLANDO, FL 32832

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KIMBERLY WILLIAMS

Address: 12930 OULTON CIRCLE

ORLANDO, FL 32832

ARTICLE VIII EFFECTIVE DATE:

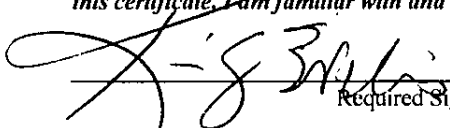
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

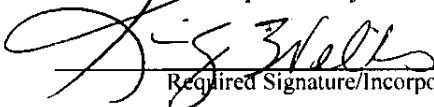
08/11/15


Required Signature/Registered Agent

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.

08/11/15


Required Signature/Incorporator

Date

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