

P15000074706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

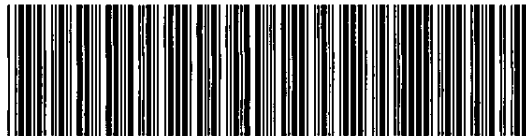
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/13/15--01014--005 **87.50

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2015 SEP 11 PM 3:28

SECRETARY OF STATE
CLERK

~~W15000074706~~
Kens 9/14/15
* CC

COVER LETTER

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

SUBJECT: Elegant Outdoor Kitchen Designs 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: Sherrimaged
Name (Printed or typed)

405 Driftwood Dr E
Address

Palm Harbor FL 34683
City, State & Zip

727-422-1111
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2015

SHERRI MAGED
405 DRIFTWOOD DR E
PALM HARBOR, FL 34683

SUBJECT: ELEGANT OUTDOOR KITCHEN DESIGNS
Ref. Number: W15000055787

We have received your document for ELEGANT OUTDOOR KITCHEN DESIGNS 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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 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.

Carol Mustain
Regulatory Specialist II

Letter Number: 215A00017622

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: Elegant Outdoor Kitchen Designs INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

405 Driftwood Dr E

Palm Harbor FL 34683

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to sell pre fabricated
outdoor kitchens.

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2005 SEP 11 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Sherry Revis Mcgeed President

Name and Title:

Address

405 DRIFTWOOD DR E.
Palm Harbor, FL 34683

Address:

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: Sherri Revis Maged

Address: 405 Driftwood Dr E
Palm Harbor FL 34683

ARTICLE VII INCORPORATOR

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

Name: Sherri Revis Maged

Address: 405 Driftwood Dr E
Palm Harbor FL 34683

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

Sherri Maged
Required Signature/Registered Agent

8-10-15
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.

Sherri Maged
Required Signature/Incorporator

8-10-15
Date