#1193 P.001/003

## **Division of Corporations Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000255674 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone Fax Number : (305)552-5973 : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email A	ddress:	
---------	---------	--

1

## FLORIDA PROFIT/NON PROFIT CORPORATION STRAIGHT EDGE INTERIORS, INC.

Certificate of Status	0
Certified Copy	1 .
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME: The name of the corporation is:  Straight Edge Interiors Inc.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:  - 620 SW 71 Court  Miami FL 33144	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: WILLIAM HUETTA - P	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	127
The name and Florida street address (PO Box not acceptable) of the registered agent is:	7 ELS
William Huerta	ا امروا اسروا
020 SW 71 Court	
Miami FL 33144	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
(020 SWI TI COURT	
Miani F1 33144	

H15000255674

## Required Signatures:

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

"Wi-Que State 10 26 15
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.

Incorporator

Date