

P 15000089640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

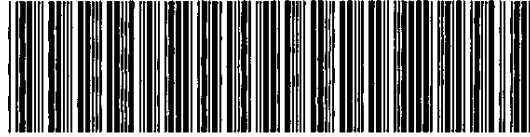
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000278515000

10/28/15--01024--012 **78.75

FILED

15 OCT 28 PM 2:44

RECEIVED OF STATE
OF ALABAMA, IN LOROA

11/3/15

COVER LETTER

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

SUBJECT: CREATE-A-CLOSET, 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: DAVID T. BAILY
Name (Printed or typed)
800 NEW JERSEY BLVD.
Address
FORT MYERS, FL 33967
City, State & Zip
239-841-4126
Daytime Telephone number
STACIE.BAILY@YAHOO.COM
E-mail address: (to be used for future annual report notification)

FILED
15 OCT 28 PM 2:44
TALLAHASSEE, FL 32314
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

I David T. Baily, release the name Create-A-Closet, Inc. to be reused.



David T. Baily - President

FILED

15 OCT 28 PM 2:44

CLERK OF STATE
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: CREATE-A-CLOSET, INC.

FILED

15 OCT 28 PM 2:44

ARTICLE II PRINCIPAL OFFICE

Principal street address
8000 NEW JERSEY BLVD.

FORT MYERS, FL 33967

Mailing address, if different is:

RECEIVED BY STATE
FORT MYERS, FL, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CABINETRY WORK

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID T. BAILY

Name and Title:

President

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: DAVID T. BAILY Pres. Name and Title: _____
Address: 8000 New Jersey Blvd Address: _____
Fort Myers FL 33967 _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: DAVID T. BAILY
Address: 8000 NEW JERSEY BLVD.
FORT MYERS, FL 33967

ARTICLE VII INCORPORATOR

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

Name: DAVID T. BAILY
Address: 8000 NEW JERSEY BLVD.
FORT MYERS, FL 33967

FILED
15 OCT 28 PM 2:44
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

David T. Baily
Required Signature/Registered Agent

10/19/2015
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.

David T. Baily
Required Signature/Incorporator

10/19/2015
Date