

P/5000091640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

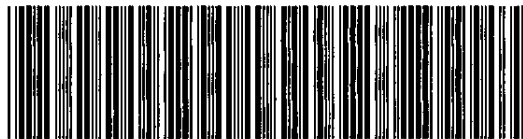
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TALLAHASSEE, FLORIDA
15 NOV -2 PM 2:25

NOV 10 2015

T CANNON

COVER LETTER

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

SUBJECT: INSTALLATION AND KITCHEN DESIGN, 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: Robert J. Richards
Name (Printed or typed)
13522 Capitol Drive
Address
Tampa, Fl 33613
City, State & Zip
813-735-1880
Daytime Telephone number
bobrichards813@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: INSTALLATION AND KITCHEN DESIGN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13522 Capitol Drive

Tampa, Fl 33613

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Engage in any lawful business activity allowed by the State
of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert J. Richards, President

Name and Title: _____

Address 13522 Capitol Drive

Address: _____

Tampa, Fl 33613

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: Robert J. Richards
Address: 13522 Capitol Drive
Tampa, Fl 33613

ARTICLE VII INCORPORATOR

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

Name: Robert J. Richards
Address: 13522 Capitol Drive
Tampa, Fl 33613

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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

Robert J. Richards
Required Signature/Registered Agent

10-28-15
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.

Robert J. Richards
Required Signature/Incorporator

10-28-15
Date