

PI5000096437

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

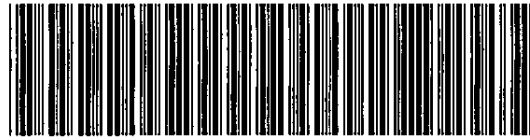
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Certificates of Status ☒

Special Instructions to Filing Officer:

~~W15-76053~~

Office Use Only



400278883594

11/09/15--01019--019 \*\*78.75

EFFECTIVE DATE

11-7-15

SECRETARY OF STATE  
TALLAHASSEE, FL 32310

2015 NOV -9 PM 3:40

FILED

DEC - 3 2015

T. BROWN

## COVER LETTER

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

**SUBJECT:** Decorative Artisan's Consortium, 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: Krista Vind  
\_\_\_\_\_  
Name (Printed or typed)

91 Starlight Lane  
\_\_\_\_\_  
Address

Santa Rosa Beach, FL 32459  
\_\_\_\_\_  
City, State & Zip

850-598-3289  
\_\_\_\_\_  
Daytime Telephone number

kkvind@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

November 19, 2015

KRISTA VIND  
91 STARLIGHT LANE  
SANTA ROSA BEACH, FL 32459

SUBJECT: DECORATIVE ARTISAN'S CONSORTIUM, INC  
Ref. Number: W15000076053

We have received your document for DECORATIVE ARTISAN'S CONSORTIUM, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 515A00024496

**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: Decorative Artisan's Consortium, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

91 Starlight Lane

Santa Rosa Beach, FL 32459

Mailing address, if different

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Gather artists for learning and work opportunities

**EFFECTIVE DATE**

11-7-15

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kathy Wear, President

Address: 750 Wallace Road

Gallatin, TN 37066

Name and Title: Krista Vind, Secretary

Address: 91 Starlight Lane

Santa Rosa Beach, FL 32459

Name and Title: Teresa Brown, Vice President

Address: 7681 Savannah Cove

Olive Branch, MS 38654

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: Krista Vind  
Address: 91 Starlight Lane  
Santa Rosa Beach, FL 32459

**ARTICLE VII INCORPORATOR**

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

Name: Krista Vind  
Address: 91 Starlight Lane  
Santa Rosa Beach, FL 32459

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/7/2105 (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.

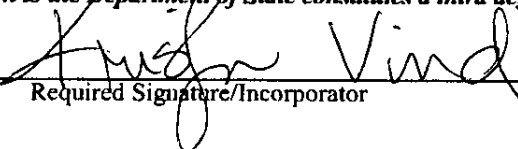
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

11-27-15  
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.*



Required Signature/Incorporator

11-27-15  
Date