

P 16000007488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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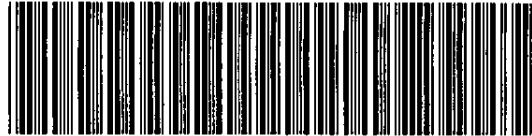
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JAN 14 PM 4:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

g 1/27/16

COVER LETTER

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

SUBJECT: CP Design & Construction Services, 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: Chris Perry

Name (Printed or typed)

350 Caloosa Palms Ct.

Address

Sun City Center, Fl. 33573

City, State & Zip

561-414-0304

Daytime Telephone number

cperry@visiblecc.com

E-mail address: (to be used for future annual report notification)

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

DEPT OF STATE
TALLAHASSEE, FL 32314

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ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be: CP Design & Construction Services, Inc.

16 JAN 14 PM 4: 25

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

350 Caloosa Palms Ct.

350 Caloosa Palms Ct.

Sun City Center, Fl. 33573

Sun City Center, Fl. 33573

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For Interior Design Services & Construction Consulting Services.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chris Perry/Co-President

Name and Title: Camille Perry/Co-President

Address 350 Caloosa Palms Court

Address: 350 Caloosa Palms Ct.

Sun City Center, Fl. 33573

Sun City Center, Fl. 33573

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: Chris Perry

Address: 350 Caloosa Palms Ct.

Sun City Center, Fl. 33573

ARTICLE VII INCORPORATOR

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

Name: Chris Perry

Address: 350 Caloosa Palms Ct.

Sun City Center, Fl. 33573

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

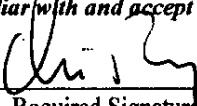
ARTICLE VIII EFFECTIVE DATE:

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

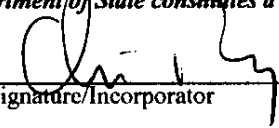


Required Signature/Registered Agent

1/11/16

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

1/11/16

Date