

P1600000 75277

(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



300289728493

09/06/16--01006--017 \*\*78.75

FILED  
2016 SEP - 6 AM 7:55  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

1/1

## COVER LETTER

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

**SUBJECT:** Chris's Flawless Flooring 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:** Christopher Bortnichak

Name (Printed or typed)

7420 NW 85th CT. APT# 105

Address

Tamarac, FL 33321

City, State & Zip

954-913-8590

Daytime Telephone number

Topcareer4@aol.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)

FILED

2016 SEP -6 AM 7:55

ARTICLE I NAME

The name of the corporation shall be: Chris's Flawless Flooring Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Christopher Bortnichak

7420 NW 85th CT. APT#105

Tamarac, FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Floor covering installation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Bortnichak *President* Name and Title:

Address 7420 NW 85th CT. APT#105 Address:

Tamarac, FL 33321

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2016 SEP -6 AM 7:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Christopher Bortnichak  
Address: 7420 NW 85th CT. APT# 105  
Tamarac, FL 33321

**ARTICLE VII INCORPORATOR**

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

Name: Christopher Bortnichak  
Address: 7420 NW 85th CT. APT# 105  
Tamarac, FL 33321

**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*

Christopher Bortnichak 08/27/16  
Required Signature/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.*

Christopher Bortnichak 8/27/16  
Required Signature/Incorporator Date