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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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Wm

## COVER LETTER

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

**SUBJECT:** INSPIRED HOUSE AND GARDEN, 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:** JOANNE WELLS

\_\_\_\_\_  
Name (Printed or typed)

104615 OVERSEAS HWY SUITE 2

\_\_\_\_\_  
Address

KEY LARGO FL 33037

\_\_\_\_\_  
City, State & Zip

305.240.1799

\_\_\_\_\_  
Daytime Telephone number

amillionideas@aol.com

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

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TALLAHASSEE, FLORIDA

**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)

**ARTICLE I NAME**

The name of the corporation shall be: INSPIRED HOUSE AND GARDEN, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

104615 OVERSEAS HWY SUITE 2

KEY LARGO, FL 33037

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO SELL USED FURNITURE, ART AND ACCESSORIES FOR TH

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: JOANNE C WELLS, PRESIDENT

Name and Title: JOANNE C WELLS, SECRETARY

Address 104615 OVERSEAS HWY SUITE 2  
KEY LARGO, FL 33037

Address: 104615 OVERSEAS HWY SUITE 2  
KEY LARGO FL 33037

Name and Title: JOANNE C WELLS, TREASURER

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

Address 104615 OVERSEAS HWY SUITE 2  
KEY LARGO FL 33037

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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STATE  
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CLERK OF CIRCUIT COURT  
CLERK OF CIRCUIT COURT

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: JOANNE WELLS \_\_\_\_\_

Address: 104615 OVERSEAS HWY SUITE 2 \_\_\_\_\_

KEY LARGO, FL. 33037 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: JOANNE C WELLS \_\_\_\_\_

Address: 104615 OVERSEAS HWY SUITE 2 \_\_\_\_\_

KEY LARGO FL 33037 \_\_\_\_\_

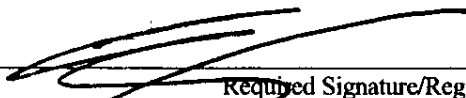
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/15/2016 \_\_\_\_\_ (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*

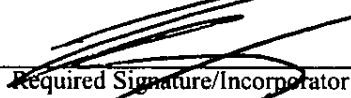


Required Signature/Registered Agent

9/14/2016

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

9/14/2016

Date

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