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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

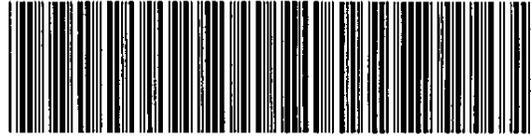
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: MDT Designs, 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: Heather Lynn De Chabert

Name (Printed or typed)

2190 Seminole Shores Ln

Address

Vero Beach, FL 32963

City, State & Zip

561-267-2191

Daytime Telephone number

hdechabert@bellsouth.net

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 OCT 31 AM 11:03

ARTICLE I NAME
The name of the corporation shall be: MDT Designs, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT
STATE OF FLORIDA

2190 Seminole Shores Ln.
Vero Beach, FL 32963

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To operate an interior design consulting business as recognized in 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:	<u>Heather Lynn De Chabert</u>	Name and Title:	_____
Address	<u>2190 Seminole Shores Ln.</u>	Address:	_____
	<u>Vero Beach, FL 32963</u>		_____
	_____		_____

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 OCT 31 AM 11:03
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: Heather Lynn De Chabert
Address: 2190 Seminole Shores Ln.
Vero Beach, FL 32963

ARTICLE VII INCORPORATOR

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

Name: Heather Lynn De Chabert
Address: 2190 Seminole Shores Ln.
Vero Beach, FL 32963

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

Heather Lynn de Chabert 10-27-16
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.

Heather Lynn de Chabert 10-27-16
Required Signature/Incorporator Date