

P1600093737

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000290388 3)))



H160002903883ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
SHELLEY OBLETZ INTERIORS CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 29 2016

T. SCOTT

15 NOV 28 AM 10:20

10 NOV 28 AM 10:31

RECEIVED  
DIVISION OF CORPORATIONS  
NOV 28 2016

**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: SHELLEY OBLETZ INTERIORS CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10622 CONWAY TRAIL

10622 CONWAY TRAIL

BOYNTON BEACH, FLORIDA 33437

BOYNTON BEACH, FLORIDA 33437

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To transact any and all lawful activity for which a corporation  
may be formed.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: SHELLEY OBLETZ - DIRECTOR

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

Address 10622 CONWAY TRAIL

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

BOYNTON BEACH, FLORIDA 33437

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

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

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

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

FILED  
NOV 29 2016  
DIVISION OF CORPORATE  
AND FINANCIAL SERVICES

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: SHELLEY OBLETZ  
Address: 10622 CONWAY TRAIL  
BOYNTON BEACH, FLORIDA 33437

**ARTICLE VII INCORPORATOR**

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

Name: SHELLEY OBLETZ  
Address: 10622 CONWAY TRAIL  
BOYNTON BEACH, FLORIDA 33437

**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 days prior or 90 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

\_\_\_\_\_  
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.*

*Shelley Obletz*  
Required Signature/Incorporator

*11/18/2016*  
Date