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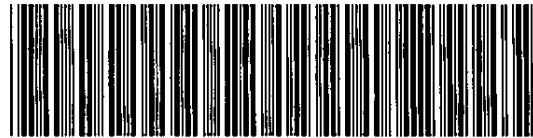
(Business Entity Name)

(Document Number)

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17 JAN 31 AM 10:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: CREATE A CLOSET, 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: DAVID BAILY

Name (Printed or typed)

8000 NEW JERSEY BLVD.

Address

FORT MYERS, FL 33967

City, State & Zip

239-841-4126

Daytime Telephone number

NAPLESTAXACCOUNTING@GMAIL.COM

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

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

I David T. Baily release the name Create A Closte, Inc. to be reused.

David T. Baily - President 1/10/2017

David T Baily

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: CREATE A CLOSET, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8000 NEW JERSEY BLVD.

FORT MYERS, FL 33967

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS - CABINET FABRICATION
AND INSTALLATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID T. BAILY - PRES

Name and Title: _____

Address 8000 NEW JERSEY BLVD

Address: _____

FORT MYERS, FL 33967

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

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: DAVID T. BAILY _____

Address: 8000 NEW JERSEY BLVD. _____

FORT MYERS, FL 33967 _____

ARTICLE VII INCORPORATOR

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

Name: DAVID T. BAILY _____

Address: 8000 NEW JERSEY BLVD _____

FORT MYERS, FL 33967 _____

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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 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

David T Baily

Required Signature/Registered Agent

1/10/2017

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.

David T Baily

Required Signature/Incorporator

1/10/2017

Date