

P17000021823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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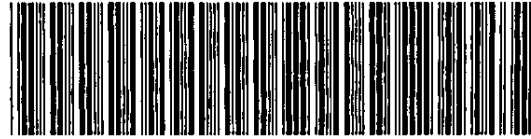
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 MAR 10 AM 9:09  
STATE  
ALL AMESSEE FLORIDA

3/13/17

## COVER LETTER

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

**SUBJECT:** 7272 DESIGN, 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:** SARA ZIENTARA

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

2723 W. JETTON AVE.

\_\_\_\_\_  
Address

TAMPA, FL 33629

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

847-630-1807

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

SEZIENTARA@YAHOO.COM , sara.c.three@gmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: 7272 DESIGN, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2723 W. JETTON AVE.  
TAMPA, FL 33629

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TRANSACTION OF ANY ALL LAWFUL BUSINESS ALLOWED  
BY LAW. INTERIOR DESIGN SERVICES AND CONSULTING

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: SARA ZIENTARA, PRESIDENT

Address: 2723 W. JETTON AVE.  
TAMPA, FL 33629

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

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

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

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

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

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

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

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

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

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

17 MAR 10 AM 9:01  
CLERK OF SUPERIOR COURT  
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: SARA ZIENTARA  
Address: 2723 W. JETTON AVE.  
TAMPA, FL 33629

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: SARA ZIENTARA  
Address: 2723 W. JETTON AVE.  
TAMPA, FL 33629

17 MAR 10 AM 9:01  
SECTION 601 DE STATE  
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*

X   
Required Signature/Registered Agent

X 3/3/17  
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.*

X   
Required Signature/Incorporator

X 3/3/17  
Date