

P20000068758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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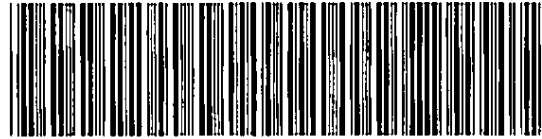
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Derrick Thompson

COVER LETTER

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

SUBJECT: FORMS 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:

<input type="checkbox"/> \$70.00	\$78.75
Filing Fee	Filing Fee
	& Certificate of Status

☒ \$78.75 Filing Fee & Certified Copy

☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: LESLIE CAUDILL CHAVIS TAX & ACCOUNTING
Name (Printed or typed)

24500 GODDARD RD.

Address

TAYLOR, MI 48180

City, State & Zip

313-292-5628

Daytime Telephone number

taxchav@hotmail.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: FORMS DESIGN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
29550 W. CAHILL CT.
BIG PINE KEY, FL 33043

Mailing address, if different is:
24500 GODDARD RD.
TAYLOR, MI 48180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 60,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TAL NOVAK, PRESIDENT

Name and Title: _____

Address 29550 W. CAHILL CT.

Address: _____

BIG PINE KEY, FL 33043

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: TAL NOVAK
Address: 29550 W. CAHILL CT.
BIG PINE KEY, FL 33043

ARTICLE VII INCORPORATOR

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

Name: TAL NOVAK
Address: 29550 W. CAHILL CT.
BIG PINE KEY, FL 33043

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 8/1/2

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
Date 8/1/2