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(City/State/Zip/Phone #)

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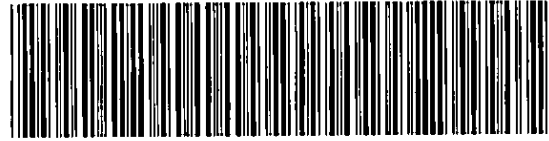
(Business Entity Name)

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TALLAHASSEE, FL

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**DATE: 12/16/20**

**NAME: DESIGNS BY INC.**

**TYPE OF FILING: ARTICLES**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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## COVER LETTER

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

SUBJECT: Designs By 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: Lisa Crandall  
Name (Printed or typed)

223 East Boulevard #4  
Address

Charlotte, NC 28203  
City, State & Zip

704.254.5062  
Daytime Telephone number

lbarron@designsby.co.uk  
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)

10-70

ARTICLE I NAME

The name of the corporation shall be: Designs By Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FL  
Mailing address, if different is:

371 Bay Plaza

Treasure Island, FL 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal purposes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leigh Barron, President & Director

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

Address 371 Bay Plaza

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

Treasure Island, FL 33706

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: Registered Agent Inc.

Address: 7901 4th Street N, Ste 300

St. Petersburg, FL 33706

**ARTICLE VII INCORPORATOR**

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

Name: Lisa Crandallpe text here

Address: 223 East Boulevard, #4

Charlotte, NC 28203

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: December 15, 2020 (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*

Bill Havre Bill Havre  
Required Signature/Registered Agent

12/16/2020  
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.*

Lisa Crandall  
Required Signature/Incorporator

December 15, 2020  
Date

2020 DEC 16 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FL