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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 : (917)243-5843

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

Email Address: _____

2021 DEC 21 AM 10:09

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FLORIDA PROFIT/NON PROFIT CORPORATION
PAISLEY GAMBLE INTERIORS INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

T. SCOTT

DEC 22 2021

Electronic Filing Menu Corporate Filing Menu Help

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 PAISLEY GAMBLE INTERIORS INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

266 SE CALMO CIRCLE

PORT ST. LUCIE, FL 34984

Mailing address, if different is:

266 SE CALMO CIRCLE

PORT ST. LUCIE, FL 34984

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAISLEY GAMBLE/PRESIDENT

Address: 266 SE CALMO CIRCLE

PORT ST. LUCIE, FL 34984

Name and Title:

Address:

Name and Title

Address

Name and Title

Address

Name and Title

Address

Name and Title

Address

21 DEC 21 PM 12:43

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: PAISLEY GAMBLE

Address: 266 SE CALMO CIRCLE

PORT ST. LUCIE, FL 34984

ARTICLE VII INCORPORATOR

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

Name: PAISLEY GAMBLE

Address: 266 SE CALMO CIRCLE

PORT ST. LUCIE, FL 34984

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 business days prior or 90 business 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.

_____ 12/20/21

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.

_____ 12/20/21

Required Signature/Incorporator Date