

P22 0000 40423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

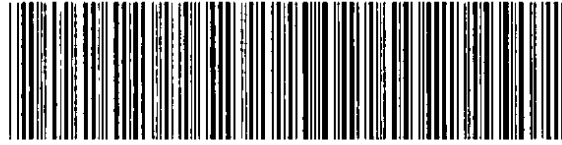
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400387195284

FILED

2022 MAY 23 AM 10:04

CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2022 MAY 23 PM 2:17

CLERK OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/23/2022

NAME: KIRBY'S COMPLETE FLOORING CENTRE INC.

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

FILED
2022 MAY 23 AM 10:04
CLERK OF STATE
TALLAHASSEE, FL 32301

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: **Kirby's Complete Flooring Centre 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: **Paul Doucette**
Name (Printed or typed)

7901 4th St N STE 300
Address

St. Petersburg FL 33702
City, State & Zip

770-876-3553
Daytime Telephone number

pdoucette@argadvisors.com
E-mail address: (to be used for future annual report notification)

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

2022 MAY 23 AM 10:04

FILED

CLERK OF STATE
TALLAHASSEE, FL 32310

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: Kirby's Complete Flooring Centre Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
St. Petersburg FL 33702
7901 4th St N STE 300

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful business purpose.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Derek Kirby - Director

Address: 7901 4th St N STE 300
St. Petersburg FL 33702

Name and Title: Derek Kirby - President

Address: 7901 4th St N STE 300
St. Petersburg FL 33702

Name and Title: Derek Kirby - Secretary

Address: 7901 4th St N STE 300
St. Petersburg FL 33702

Name and Title: Derek Kirby - Treasurer

Address: 7901 4th St N STE 300
St. Petersburg FL 33702

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
2022 MAY 23 AM 10:04
CLERK OF CIRCUIT COURT
HILLSBOROUGH COUNTY, 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: Registered Agents Inc.

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

ARTICLE VII INCORPORATOR

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

Name: Paul Doucette

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

FILED
2022 MAY 23 AM 13:04
CLERK OF 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

Bill Hume

Required Signature/Registered Agent

05/13/2022

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.

Handwritten Signature

Required Signature/Incorporator

05/20/2022

Date