

P22000053582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

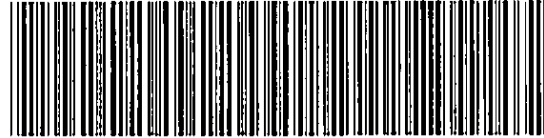
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100390319181

07/05/22 --01007 --015 **70.00

RECEIVED

2022 JUL -5 PM 2:26

DIVISION OF
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2022 JUL -5 PM 4:00

DIVISION OF
CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TONI FLYNN INTERIOR DESIGN, INC.

Signature _____

Requested by: SETH

06/29

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

112 Ponder's Printing • Thomasville, GA 30761

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

2022 JUL -5 PM 4:01

FILED

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

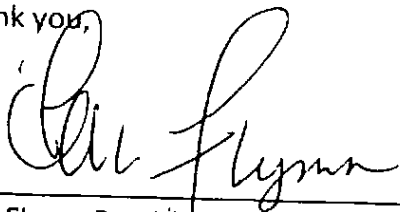
RE: Toni Flynn Interior Design, LLC
Toni Flynn Interior Design, Inc.

To whom it may concern,

As owner of the above entities, I waive him right to file revocation of dissolution and give permission for a corporation to be filed with the same name as the above LLC name.

If you have any questions, please call my representative's office at 407-333-0355 and ask for Melisa Elliott.

Thank you,



Toni Flynn, President

6-29-2022

Date

FILED
2022 JUL -5 PM 4:01
TALLAHASSEE, FL 32301

COVER LETTER

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

SUBJECT: Toni Flynn Interior 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Carly Foust
Name (Printed or typed)

1515 International Pkwy. Suite 1001
Address

Lake Mary, FL 32746
City, State & Zip

407-333-0355
Daytime Telephone number

toniflynn407@gmail.com
E-mail address: (to be used for future annual report notification)

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

FILED
2022 JUL -5 PM 4:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Toni Flynn Interior Design, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
486 Centerpointe Cir. APT 352
Altamonte Springs, FL 32701

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Toni Flynn - President Name and Title: _____

Address 486 Centerpointe Cir. APT 352 Address: _____

Altamonte Springs, FL 32701 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2022 JUL -5 PM 4:01
CLERK OF DISTRICT COURT
JUL 5 2022
STATE OF 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: Toni Flynn
Address: 486 Centerpointe Cir. APT 352
Altamonte Springs, FL 32701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Toni Flynn
Address: 486 Centerpointe Cir. APT 352
Altamonte Springs, FL 32701

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.)

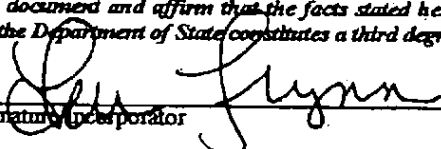
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6-29-2022
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.


Required Signature/Incorporator

6-29-2022
Date

FILED
2022 JUL -5 PM 4:01
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA