

P23000015843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

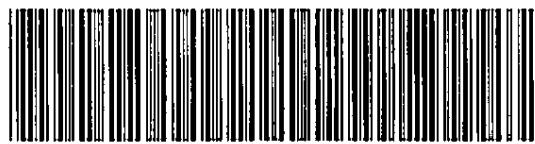
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/09/22 -01029-005 \$87.00

2023 FEB -2 AM 9:05  
FBI LABORATORY  
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W23-8174

DO

## COVER LETTER

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

**SUBJECT:** Lynn Stein Interiors

(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      & Certificate of  
                    Status      Status

**ADDITIONAL COPY REQUIRED**

FROM: Lynn M. Stein

Name (Printed or typed)

6851 Bequia Way

Address

Naples, FL 34113

City, State & Zip

248-388-1111

Daytime Telephone number

lynn.stein.interiors@gmail.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: Lynn Stein Interiors, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6851 Bequia Way  
Mailing address, if different is:  
Naples, FL 34113

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Interior Design Services

**ARTICLE IV SHARES**

The number of shares of stock is: 60,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lynn M. Stein Name and Title: \_\_\_\_\_  
Address: President Address: \_\_\_\_\_  
6851 Bequia Way  
Naples, FL 34113

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

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

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

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

MAIL ADDRESS  
INTERIOR DESIGN SERVICES  
6851 BEQUIA WAY  
NAPLES, FL 34113

2023 FEB - 2 AM 9:05

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: Lynn M. Stein  
Address: 6851 Bequia Way  
Naples, FL 34113

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Lynn M. Stein  
Address: 6851 Bequia Way  
Naples, FL 34113

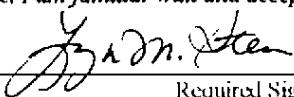
**ARTICLE VIII EFFECTIVE DATE**

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*

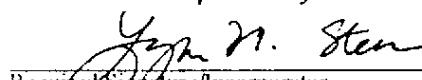


Required Signature/Registered Agent

1-6-2023

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

1-6-2023

Date