

P230 00015843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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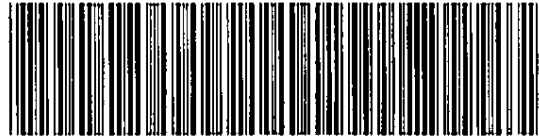
(Business Entity Name)

(Document Number)

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W23-8174

50

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
 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
Naples, FL 34113

Mailing address, if different is:

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
President
Address: 6851 Bequia Way
Naples, FL 34113

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

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 Bequin Way
Naples, FL 34113

ARTICLE VII INCORPORATOR

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

Name: Lynn M. Stein
Address: 6851 Bequin 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

Lynn M. Stein
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.

Lynn M. Stein
Required Signature/Incorporator

1.6.2023

Date

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