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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CUSI CONSULTING, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION

4A Florida Interior Design & Remodeling, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: 4A Florida Interior Design & Remodeling, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

804 Cameron Oaks PlMiddleburg, FL 32068**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Interior design and Remodeling**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Omar A. Sanchez, President Name and Title: _____Address 804 Cameron Oaks Pl Address: _____Middleburg, FL 32068 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2024 JUL -6 PM 1:00
FILED
CLERK OF COURT
JUL 5 2024
MIDDLEBURG, FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Omar A. SanchezAddress: 804 Cameron Oaks PlMiddleburg, FL 32068**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Omar A. SanchezAddress: 804 Cameron Oaks PlMiddleburg, FL 32068**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 Agent07/01/2024

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.*_____
Required Signature/Incorporator07/01/2024

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