

PD90000 593/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

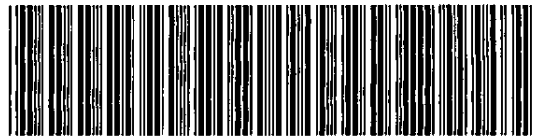
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUL 10 P 1:09

FILED

JUL 13 2009  
D. A. WHITE

COVER LETTER

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

SUBJECT: SENSUA CITY, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: LEONARD E MASON - LEMS ACCOUNTING SEVS.  
Name (Printed or typed)

4204 FOSTER AVENUE  
Address

BROOKLYN, NEW YORK 11203  
City, State & Zip

(718) 462-0058  
Daytime Telephone number

MLEM42@AOL.COM  
E-mail address: (to be used for future annual report notification)

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



RECEIVED  
DEPARTMENT OF STATE

09 JUL 10 AM 10:52

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2009

LEONARD E MASON - LEMS ACCOUNTING SCVS.  
4204 FOSTER AVE  
BROOKLYN, NY 11203

SUBJECT: SENSUACITY, INC  
Ref. Number: W09000029848

We have received your document for SENSUACITY, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White  
Regulatory Specialist II  
New Filing Section

Letter Number: 309A00021993

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

*SENSUACITY, Inc*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

*613 BARRY STREET  
ORLANDO, FLORIDA 32808*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGANIZED UNDER THE BUSINESS CORPORATION LAW. THE CORPORATION IS NOT FORMED TO ENGAGE IN ANY ACT OR ACTIVITY REQUIRING THE CONSENT OR APPROVAL OF ANY STATE OFFICIAL, DEPARTMENT, BOARD, AGENCY OR OTHER BODY.*

**ARTICLE IV SHARES**

The number of shares of stock is: *200 SHARES WITH OUT PAR VALUE*

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

List name(s), address(es) and specific title(s):

*DIANA HUEY  
613 BARRY STREET  
ORLANDO, FLORIDA 32808*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*DIANA HUEY  
613 BARRY STREET  
ORLANDO, FLORIDA 32808*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*DIANA HUEY  
613 BARRY STREET  
ORLANDO, FLORIDA 32808*

\*\*\*\*\*  
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

X *[Signature]*  
\_\_\_\_\_  
Signature/Registered Agent  
X *[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*06/22/2009*  
\_\_\_\_\_  
Date  
*06/20/2009*  
\_\_\_\_\_  
Date