

P11000092546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

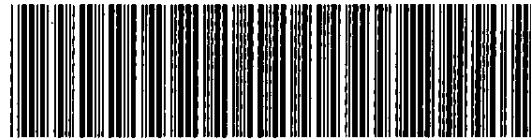
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800213363518

10/21/11--01010--006 **80.00

FILED

11 OCT 21 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/24

COVER LETTER

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

SUBJECT: Say It Loud Accessories 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: Yerica Veloz Bello

Name (Printed or typed)

1145 sharazad bivd apt 7

Address

opalocka fl 33054

City, State & Zip

786-712-5717

Daytime Telephone number

sayitloudAccessories@yahoo.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: Say It Loud Accessories Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1145 Sharazad blvd apt. 7
Opalocka, FL 33054

Mailing address, if different is:

PO BOX 695411
MIAMI, FL 33269

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Merchandiser

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brittney Estimable
Address: President
1145 sharazad blvd apt 7
Opalocka, FL 33054

Name and Title: Yerica Veloz Bello
Address: Vice President
1145 sharazad blvd apt 7
Opalocka, FL 33054

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Yerica Veloz Bello
Address: 1145 sharazad blvd apt 7
opalocka, fl 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brittney Estimable
Address: 1145 sharazad blvd apt 7
opalocka, fl 33054

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

Yerica Veloz Bello
Required Signature/Registered Agent

10/7/11
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.

Brittney Estimable
Required Signature/Incorporator

10/7/11
Date

FILED
11 OCT 21 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA