

**P15000005348 1890**

Florida Department of State  
Division of Corporations  
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(((H15000005348 3)))



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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  
COMPOSURE STUDIO, CORP.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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Electronic Filing Menu

Corporate Filing Menu **J. SCOTT**

Help

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COVER LETTER

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

SUBJECT: Composure Studio, Corp.  
(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: Brandy Sciler  
Name (Printed or typed)

412 Sierra Oaks Cir.  
Address

Lady Lake Fl. 32159  
City, State & Zip

954-325-0543  
Daytime Telephone number

brandy@composurestudio.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: Composure Studio, Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address	Mailing address, if different is:
<u>845 Teague Trail</u>	<u>412 Cierra Oaks Cir</u>
<u>Building 5, Suite 19</u>	<u>Lady Lake FL 32159</u>
<u>Lady Lake FL 32159</u>	

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Professional Corp.  
new business

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title:	<u>Brandy Sailer, Pres.</u>	Name and Title:	
Address	<u>412 Cierra Oaks Cir.</u>	Address:	
	<u>Lady Lake FL 32159</u>		

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

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(cont.)

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: Sandra Rolón & Associates, CPA, PA  
 Address: 3600 RED ROAD, SUITE 403  
MIRAMAR FL. 33025

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brandy Sailer  
 Address: 412 CIERRA OAKS CIR  
LADY LAKE FL. 32159

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

Sandra Rolón \_\_\_\_\_ 1/6/15 \_\_\_\_\_  
 Required Signature/Registered Agent 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.

[Signature] \_\_\_\_\_ 1/6/15 \_\_\_\_\_  
 Required Signature/Incorporator Date

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