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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H22000207274 3)))



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

From:
Account Name : JABBASH LLC
Account Number : I2022000113
Phone : (407)434-0012
Fax Number : (321)577-1025

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
A's Scentables, Inc.

RECEIVED
2022 JUN 14 PM 5:28
REGISTRATION
COMMERCIAL
SERVICES

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

HL

COVER LETTER

((H22000207274 3)))

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

SUBJECT: A's Scentables, 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: Lesbia Segura

Name (Printed or typed)

3321 S ORANGE BLOSSOM TRAIL #206

Address

Kissimmee, FL 34746

City, State & Zip

407-434-0012

Daytime Telephone number

BlessedTeaminfo@protonmail.com

E-mail address: (to be used for future annual report notification)

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

((H22000207274 3)))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) (((H22000207274 3)))

ARTICLE I NAME

The name of the corporation shall be: A's Scentables, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address 3 Maple Leaf Dr Mailing address, if different is:
Hyde Park, MA 02136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alyssa Rebecca Andrade-Orellana, P Name and Title: _____
Address: 3 Maple Leaf Dr Address: _____
Hyde Park, MA 02136

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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SECRETARY OF STATE

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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: LESBIA SEGURA
 Address: 3321 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

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

Name: LESBIA SEGURA
 Address: 3321 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

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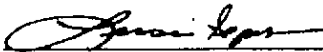
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JUNE 10, 2022 (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

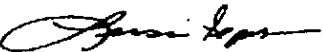


Required Signature/Registered Agent

6/10/2022

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.



Required Signature/Incorporator

6/10/2022

Date