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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

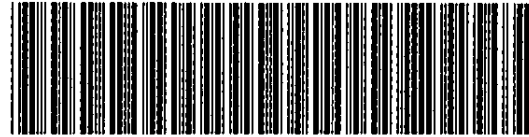
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 16 AM 11:03

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COVER LETTER

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

SUBJECT: Seitreb Plus Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Barbara J. Carrington
Name (Printed or Typed)

3684 NE 11th Ave. #1
Address

Oakland Park Fl. 33347-2903
City, State & Zip

754-422-1830
Daytime Telephone number

bestskincare6@aol.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Se'Tra6 Plus Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3865 Powerline Rd
Oakland Park, FL 33309

Mailing address, if different is:

P.O. Box 24684
Ft. Lauderdale, FL 33307

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Through charitable contributions and donations, provide training opportunities for state licensees as a skincare facialist. This opportunity can provide self employment. This training will be free of charge to X-offenders and Veterans who qualify and persons selected by the president. Persons finishing this program will have the opportunity to work for Department stores, beauty salons, spas, or for themselves in a future.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

By the President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara Carrington-P

Address: 3684 NE 11th Ave #1

Oakland Park, FL 33334

Barbara Carrington
Barbara Carrington

Name and Title: Mark Johnson VP

Address: 3684 NE 11th Ave #1

Oakland Park, FL 33334

Mark Johnson
Mark Johnson

Name and Title: _____

Address: _____

Name and Title: Barbara Carrington chair, Treas.

Address: 3684 NE 11th Ave #1

Oakland Park, FL 33334

Barbara Carrington
Barbara Carrington

Name and Title: _____

Address: _____

Name and Title: Japhnode Paul Sec.

Address: 6272 NW 26th St.

Sunrise, FL 33313

Japhnode Paul
JAPHNODE PAUL

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DIVISION OF CORPORATE AFFAIRS

Name and Title: Barbara Carrington P Name and Title: _____
 Address: 3684 NE 11th Ave #1 Address: _____
Oakland Park, FL 33334
Barbara Carrington
Barbara Carrington
 Name and Title: Mark Johnson - Chair Name and Title: _____
 Address: 3684 NE 11th Ave #1 Address: _____
Oakland Park, FL 33334
Mark Johnson
mark johnson

ARTICLE VI REGISTERED AGENT

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

Name: Barbara Carrington
 Address: 3684 NE 11th Ave #1
Oakland Park, FL 33334
Barbara Carrington
Barbara Carrington

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara Carrington
 Address: 3684 NE 11th Ave #1
Oakland Park, FL 33334
Barbara Carrington
Barbara Carrington

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

Barbara Carrington
 Required Signature of Registered Agent

4/1/2014
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Barbara Carrington
 Required Signature of Incorporator

4/1/2014
 Date

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