

N17000012427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

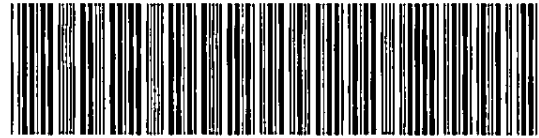
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CLERK OF COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2017

DANIELLA JEAN
8670 WEIR DR #208
NAPLES, FL 34104

SUBJECT: NATURALLY GIFTED INC
Ref. Number: W17000086588

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17 DEC 15 PM 3:23
TALLAHASSEE, FLORIDA

We have received your document for NATURALLY GIFTED INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return 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) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 517A00021859

COVER LETTER

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

SUBJECT: Naturally Gifted INC
(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: Daniella Jean
Name (Printed or typed)

8670 Weir Dr # 208
Address

Naples, FL 34104
City, State & Zip

786-620-9959
Daytime Telephone number

daniellajeon0519@gmail.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: Naturally Gifted, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3096 Tamiami Trl. N Naples, FL 34103

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Purpose of this corporation will be to assist and provide beauty care needs to young ladies that do not have the financial means. With the assistance of the community we will be able to help young women channel their inner beauty without the stress that may come along with it. Naturally Gifted will be the beauty angel that will grant the beauty wish for ALL and EVERY young lady!!

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Annual vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniella Jean - President

Address: 8670 Weir Dr # 208

Naples, FL 34104

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Daniella Jean
Address: 8670 Weir Dr # 208
Naples, FL 34104

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniella Jean
Address: 3096 Tamiami Trl N Suite 7
Naples, FL 34103

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/25/2017. (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:

[Signature]
Required Signature of Registered Agent

10/25/2017

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.

[Signature]
Required Signature of Incorporator

10/25/2017

Date

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