

TRANSMITTAL LETTER
PO0000003225

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

500003089425--2
-01/05/00--01086--004
****122.50 *****78.75

SUBJECT:

Hue wellyn Amelia, 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

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

PATRICIA THOMPSON
Name (printed or typed)

13480 NE 6 Ave Suite 303
Address

N Miami FL 33161
City, State & Zip

305-899-1443
Daytime Telephone number

FILED
00 JAN -5 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1-11
WC

ARTICLES OF INCORPORATION**OF**Lluewellyn Amelia Inc

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Lluewellyn AMELIA, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13480 NE 6th AVE Suite # 303
N Miami FL 33161

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PATRICIA Thompson
13480 NE 6th AVE
303
N Miami FL
33161

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

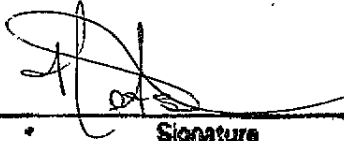
The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

PATRICIA THOMPSON
13480 NE 64 AVE
Suite # 303
N. Miami FL
33161

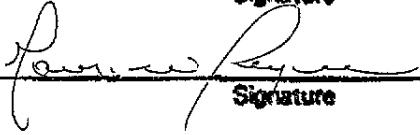
MAURICE SEGRÉE
13480 N.E 6th AVE
Suite # 303
N. Miami FL
33161

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this

30th day of December, 1999.



Signature



Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Huewelllyn Amelia, Inc

2. The name and address of the registered agent and office is:

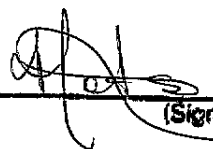
PATRICIA Thompson
(Name)

13480 NE 6 Ave #303 N Miami FL 33161
(P.O. Box not acceptable)

N Miami FL 33161
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)