

TRANSMITTAL LETTER

P010000091230

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

000004578410--5  
-09/10/01--01103--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: S. LAURENS INTERIORS 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 of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: LAURENS SYLVIE  
Name (Printed or typed)  
320 NW, 67 Street, Suite 106  
Address  
BOCA-RATON, FL, 33487  
City, State & Zip  
(561) 988-0331  
Daytime Telephone number

FILED  
01 SEP 18 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/18  
Rex SYLVIE OK  
TO F/X ART  
IV & VII  
KR

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

KR  
9/18

9/15/58  
WC

# 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:

S. LAURENS INTERIORS CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

320 NW 67 street, Suite 106  
BOCA-RATON, FL, 33487

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Interior Decorator

## ARTICLE IV SHARES

The number of shares of stock is:

2

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

SYLVIE LAURENS  
320 NW. 67 street, Suite 106  
BOCA-RATON FL, 33487

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

SYLVIE LAURENS  
320 NW 67 street #106  
BOCA-RATON FL, 33487

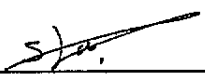
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

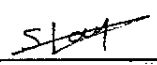
SYLVIE LAURENS  
320 NW 67 street, Suite 106  
BOCA-RATON FL, 33487

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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/Registered Agent

9/5/01  
Date

  
Signature/Incorporator

9/5/01  
Date

FILED  
01 SEP 18 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA