POLODO TRINSMITTAL EETILS

FILED

01 NOV 30 AM 8: 38

Department of State

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

SUBJECT: Essentials Plas /nc. (Proposed corporate name - must include suffix)				
Enclosed is an original	Land one(1) conv of the article	s of incorporation and a check for :		
\$70.00 Filing Fee	□ \$78.75	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM:	Name (Pr	******70.00 *	1521110	
7061 C 5 Tamiam. Trail				
Sa-asota FC 34231 City, State & Zip 941 925-2099				

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

Daytime Telephone number

ARTICLES OF INCORPORATION	
The undersigned incorporator, for the purpose of forming a corporation under the Florid Business Corporation Act, hereby adopts the following Articles of Incorporation.	da FILED
	01 NOV 30 AM 8: 38
ARTICLE I NAME	
The name of the corporation shall be:	SECRETATION STATE TALLAHASSEE, FLORIDA
Essentials Plus Inc.	
ARTICLE II PRINCIPAL OFFICE	• •
The principal place of business and mailing address of this corporation shall be: 999 Cattleman R& Unit	
Sarasota FC 34239	
Ja-25012 FC 37231	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstand	ing at any one time is:
1000 Shares	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET AL The name and Florida street address of the initial registered agent are: Joy Donne 1/9 999 Cattleman RR Unit C Sacassta FC 34239 ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
Joy Donnelly	
999 Cattleman RQ Unit F Scrasita FL 34239	
Scras. ta PL 34239	
	26/01
Signature/Incorporator	Date
(An additional article must be added if an effective date is re	equested.)
Having been named as registered agent and to accept service of process for the above stated cothis certificate, I hereby accept the appointment as registered agent and agree to act in this cape the provisions of all statutes relating to the proper and complete performance of my duties, an obligations of my position as registered agent	acity. I further agree to comply with d I am familiar with and accept the
	Date
Signature/Registered Agent	Date