

PO3000016260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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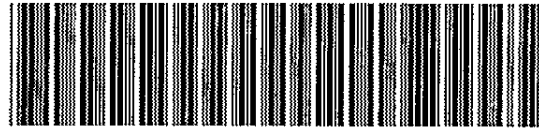
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: SCENTIMENTS BY SHELIA, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM:

SHELIA LEVETTE MCCLOUD

Name (Printed or typed)

3039 BLAINE CIRCLE

Address

DELTONA FLORIDA, 32738

City, State & Zip

(407) 665-4487

Daytime Telephone number

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

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:

SCENTIMENTS BY SHELIA, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3039 BLAINE CIRCLE
DELTONA FLORIDA, 32738

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPPORTUNITY TO SELL DESIGNER FRAGRANCES AND COLOGNE PRODUCTS AT A AFFORDABLE PRICE.

ARTICLE IV SHARES

The number of shares of stock is:

\$25,000.00

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

SHELIA MCCLLOUD TITLE: OWNER
3039 BLAINE CIRCLE
DELTONA FLORIDA, 32738

ARTICLE VI REGISTERED AGENT

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

SHELIA MCCLLOUD
3039 BLAINE CIRCLE
DELTONA FLORIDA, 32738

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHELIA MCCLLOUD
3039 BLAINE CIRCLE
DELTONA, FLORIDA 32738

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

Shelia A McCloud
Signature/Registered Agent

01-28-03
Date

Shelia A McCloud
Signature/Incorporator

01-28-03
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA