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03 FEB 10 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Soapiffany, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: TIFFANY Schepis & Katherine Haynes  
Name (Printed or typed)

6001 North Central Avenue  
Address

Tampa, Florida 33604  
City, State & Zip

813-231-2017  
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)

**FILED**

**ARTICLE I      NAME**

The name of the corporation shall be: SoapiFFany, Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is: 6001 North Central Avenue  
Tampa, Florida 33604

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is: TO sell handmade glycerin  
soaps.

**ARTICLE IV      SHARES**

The number of shares of stock is: 1000

**ARTICLE V      INITIAL OFFICERS/DIRECTORS (optional)**

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

**ARTICLE VI      REGISTERED AGENT**

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

Katherine Haynes  
221 West Jean Street Apt. 2  
Tampa, Florida 33604

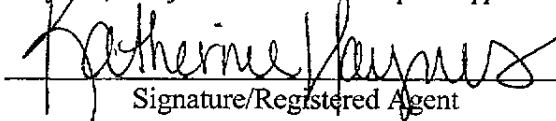
**ARTICLE VII      INCORPORATOR**

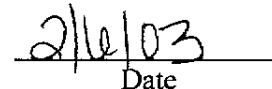
The name and address of the Incorporator is:

Tiffany Schepis  
6001 North Central Avenue  
Tampa, Florida 33604

\*\*\*\*\*

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date