

PO3000033337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

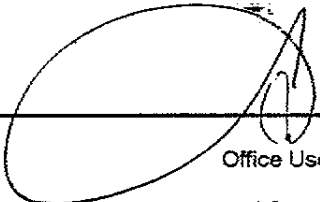
PICK-UP     WAIT     MAIL

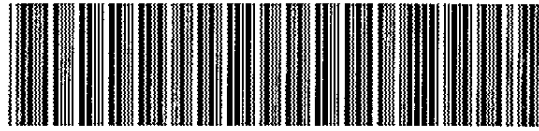
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TRANSMITTAL LETTER

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

SUBJECT: Sheila Elsea 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  
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: Sheila Elsea  
Name (Printed or typed)

190 PEARL ST  
Address

FORT MYERS BEACH FL. 33931  
City, State & Zip

239-463-3433  
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: Sheila Elsea Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is: 190 Pearl Street  
FORT MYERS Beach FL. 33931

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To supply ARTIST services  
to companies and general public.

**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):  
SHEILA Elsea 190 Pearl ST FORT MYERS Beach FL 33931  
( PRESIDENT ) P

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
Sheila Elsea 190 Pearl Street Fort Myers Beach  
FL. 33931

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Sheila Elsea 190 Pearl St. Fort Myers Bch.  
FL 33931

\*\*\*\*\*  
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

Sheila Elsea  
Signature/Registered Agent

3-17-03  
Date

Sheila Elsea  
Signature/Incorporator

3-17-03  
Date

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA