

PO3000057129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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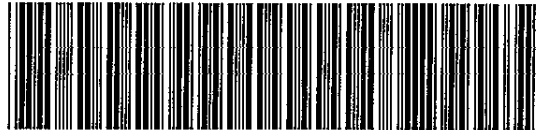
(Business Entity Name)

(Document Number)

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05/14/03--01048--001 \*\*78.75

FILED  
03 MAY 23 PM 1:09  
SEATTLE, WA

W03-14624

## TRANSMITTAL LETTER

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

SUBJECT: Lilies Creations Incorporated  
(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: Kimberly R. Sementelli  
Name (Printed or typed)

8949 S.E. Bridge Road, #150

Address

Hobe Sound, Florida 33455

City, State & Zip

772-530-5215

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 22, 2003

KIMBERLY R SEMENTELLI  
8949 SE BRIDGE ROAD #150  
HOBE SOUND, FL 33455

SUBJECT: LILIES INCORPORATED  
Ref. Number: W03000014624

We have received your document for LILIES INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight  
Document Specialist  
New Filings Section

Letter Number: 703A00032019

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
03 MAY 23 PH 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Lilies Creations Incorporated

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8949 S.E. Bridge Road, #150  
Hobe Sound, Florida 33455

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Assembly and Sale of Jewelry

**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:

Kimberly R. Sementelli  
8949 S.E. Bridge Road, #150  
Hobe Sound, Florida 33455

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Kimberly R. Sementelli  
8949 S.E. Bridge Road, #150  
Hobe Sound, Florida 33455

\*\*\*\*\*  
*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*

Kimberly R. Sementelli  
Signature/Registered Agent

May 12, 2003

Date

Kimberly R. Sementelli  
Signature/Incorporator

May 12, 2003

Date