

P03000146009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

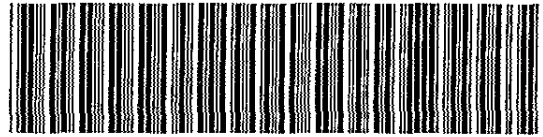
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 DEC -1 PM 12:22
STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: CANDY LOWE TEA TIME
(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 checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 ✓ Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: DIALARY LOWE
Name (Printed or typed)

1802, E, OKALOOSA AVE
Address

TAMPA FL 33604
City, State & Zip

813- 933-1183
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:

CANDY LOWE TEA TIME, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1802,E, OKALOOSA AVE TAMPA FL 33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOSTING TEA PARTY

ARTICLE IV SHARES

The number of shares of stock is:

(1000) one thousand shares of common stock,each share
having the par value of (\$1.00)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DIALARY LOWE
1802 E OKALOOSA AVE
TAMPA FL 33604

ARTICLE VI REGISTERED AGENT

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

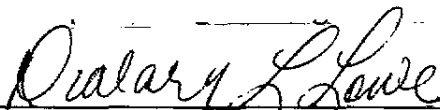
DIALARY LOWE
1802 E OKALOOSA AVE
TAMPA FL 33604

ARTICLE VII INCORPORATOR

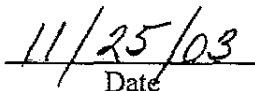
The name and address of the Incorporator is:

DIALARY LOWE
1802N E, OKALOOSA AVE
TAMPA FL 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/Incorporator /Registered Agent



Date

FILED

03 DEC -1 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA