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TRANSMITTAL LETTER

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

SUBJECT: _____

ROSELLE Leveille CORPORATION
(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: _____

ROSELLE Leveille

Name (Printed or typed)

567 MANGO DRIVE, P.O. BOX 21283

Address

WEST PALM BEACH, FL 33416

City, State & Zip

(561) 478-9153

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:

ROSELLE LOVEILLE, CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 21283
WEST PALM BEACH, FL 33416

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DESIGNING AIRPLANE

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROSELLE LOVEILLE, CHIEF EXECUTIVE OFFICER

ARTICLE VI REGISTERED AGENT

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

ROSELLE LOVEILLE
567 MANGO DRIVE
WEST PALM BEACH, FL 33416

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROSELLE LOVEILLE
567 MANGO DRIVE
WEST PALM BEACH, FL 33416

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

ROSELLE LOVEILLE

Signature/Registered Agent

JUNE 2004
Date

ROSELLE LOVEILLE

Signature/Incorporator

JUNE 2004
Date