

P0400012389S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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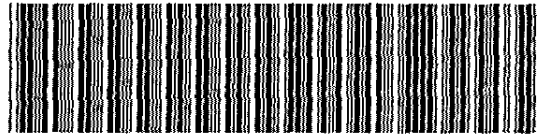
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 AUG 26 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

9/8/08

TRANSMITTAL LETTER

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

SUBJECT: Elaine Trading Corp.
(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: Susan Schlapkohl
Name (Printed or typed)

199 Shelter Lane
Address

Jupiter, FL 33469
City, State & Zip

561-745-9647
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:

ELAINE TRADING CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

199 Shelter Lane
Jupiter, FL 33469

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SUSAN SCHLAPKOHL
199 Shelter Lane
Jupiter, FL 33469

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Susan Schlapkoehl
199 Shelter Lane
Jupiter, FL 33469

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Susan Schlapkoehl
199 Shelter Lane
Jupiter, FL 33469

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA