

P04000142690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

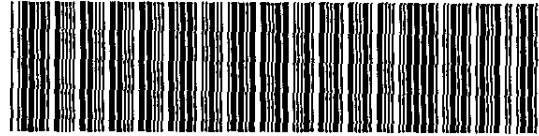
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500041763555

10/15/04--01034--018 \*\*78.75

RECEIVED  
STATE  
SECRETARY  
OCT 15 11 20 AM

## TRANSMITTAL LETTER

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

SUBJECT: ZEN SOAPS 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: ELLIOTT BARBER

Name (Printed or typed)

639 RAMONA LANE #1

Address

ORLANDO, FL 32805

City, State & Zip

407-843-9582

Daytime Telephone number

DEPT OF STATE  
TALLAHASSEE, FLORIDA  
04 OCT 15 PM 2:00

**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:

ZEN SOAPS INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

639 RAMONA LANE #1  
ORLANDO, FL 32805

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SOAPS AND OTHER PRODUCTS

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ELLIOTT BARBER, TREASURER  
639 RAMONA LANE #1  
ORLANDO, FL 32805

### ARTICLE VI REGISTERED AGENT

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

ELLIOTT BARBER  
639 RAMONA LANE #1  
ORLANDO, FL 32805

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ELLIOTT BARBER  
639 RAMONA LANE #1  
ORLANDO, FL 32805

\*\*\*\*\*

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

Elliott Barber

Signature/Registered Agent

10/11/04

Date

Elliott Barber

Signature/Incorporator

10/11/04

Date

FILED  
04 OCT 15 PM 2:00  
STATE  
OF FLORIDA  
ALLEN, JESSIE, FLORIDA