

# PO5000046777

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

05 MAR 29 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVAL  
AND  
FILED

## FLORIDA PROFIT CORPORATION OR P.A.

### ILY'S CUSTOMER CARE, INC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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05 MAR 29 AM 8:46

**ARTICLES OF INCORPORATION**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

ILY'S CUSTOMER CARE, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6825 CREWS LAKE ROAD  
LAKELAND, FL 33813

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TRANSACTION ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

ILIANA ULLOA, PRESIDENT  
6825 CREWS LAKE ROAD  
LAKELAND, FL 33813

**ARTICLE VI REGISTERED AGENT**

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

ILIANA ULLOA  
6825 CREWS LAKE ROAD  
LAKELAND, FL 33813

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ILIANA ULLOA  
6825 CREWS LAKE ROAD  
LAKELAND, FL 33813

\*\*\*\*\*  
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

Iliana Ulloa

Signature/Registered Agent

3/29/05

Date

Iliana Ulloa

Signature/Incorporator

3/29/05

Date

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