

P06000017121

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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Barbara Motte GAVE
AUTHORIZATION BY PHONE TO
CORRECT pt. I & VI
DATE 2/7/06
DOC. EXAM Doris Brown



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB - 1 AM 8:39

D. Brown FEB - 7 2006

COVER LETTER

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

SUBJECT: CJ's Pure Essentials for Bath and Body, 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: Barbara Motte

Name (Printed or typed)

P.O. Box 568

Address

Dover, FL 33527

City, State & Zip

(813) 707-8622

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:

CJ's Pure Essentials for Bath and Body, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 568 Dover, FL 33527

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale and Retail sales of bath and body products

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Barbara Motte P.O. Box 568 Dover, FL 33527 (President)

David Motte P.O. Box 568 Dover, FL 33527 (Vice President)

ARTICLE VI REGISTERED AGENT

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

2523 Dover Rd. Dover, FL 33527

Barbara Motte

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara Motte

P.O. Box 568

Dover FL 33527

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

Barbara Motte / Barbara Motte
Signature/Registered Agent

1/26/06

Date

Barbara Motte / Barbara Motte
Signature/Incorporator

1/26/06

Date

SECRET FILE
DIVISION OF CORPORATIONS
06 FEB -1 AM 8:39