

1.000000 PER 14 2005

## COVER LETTER

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

SUBJECT: Lilacs N Lace, 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: Kathleen Del Valle

Name (Printed or typed)

13304 61 Lane North

Address

West Palm Beach, Florida 33412

City, State & Zip

(561) 792-7144

Daytime Telephone number

SECRET  
TALLAHASSEE, FLORIDA

06 FEB -9 PM 2:15

FILED

**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:

Lilacs N Lace, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

13304 61 Lane North  
West Palm Beach, Florida 33412

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

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):

Kathleen Del Valle  
13304 61 Lane North  
West Palm Beach, Florida 33412  
President

**ARTICLE VI REGISTERED AGENT**

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

Kathleen Del Valle  
13304 61 Lane North  
West Palm Beach, 33412

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Kathleen Del Valle  
13304 61 Lane North  
West Palm Beach, Florida 33412

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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

Kathleen Del Valle  
Signature/Registered Agent

Kathleen Del Valle  
Signature/Incorporator

February 6, 2006  
Date

February 6, 2006  
Date

FILED  
06 FEB -9 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Internal  
Revenue  
Service**Employer Identification  
Number (EIN) Card**

Philadelphia IRS Cam

FAX: 1-215-516-3990

To

KATHLEEN DEL VALLE - PRESIDENT

FAX

561-333-8316

Phone

**ATTENTION**

Name of Entity

LILACS N LACE INC

EIN

03-0580410

Name of Entity

EIN

Name of Entity

EIN



Please see the following letter regarding missing or incorrect information on your Form SS-4, Application for a Federal Employer Identification Number (EIN).

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under the applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and return the communication via fax at the number given. Thank you.