

P06000032909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

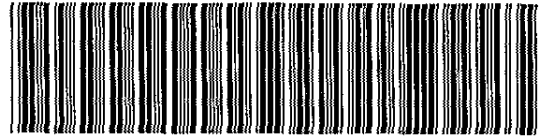
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/07/06--01020--019 **78.75

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06 MAR -7 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
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DATE
OFFICE OF THE
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TALLAHASSEE, FLORIDA

CB3-206

COVER LETTER

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

SUBJECT: Sensational Treatz, 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

¹²⁸
☒ \$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: Kinita L. King
Name (Printed or typed)

4125 Laurel Oaks Circle
Address

Tallahassee, FL 32311
City, State & Zip

850/322-1914
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:

Sensational Treatz, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4125 Laurel Oaks Circle
Tallahassee, FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide baked goods to potential clients/customers

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):

Kinita L. King
4125 Laurel Oaks Circle
Tallahassee, FL 32311

ARTICLE VI REGISTERED AGENT

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

Kinita L. King
4125 Laurel Oaks Circle
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

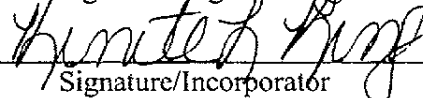
The name and address of the Incorporator is:

Kinita L. King
4125 Laurel Oaks Circle
Tallahassee, FL 32311

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

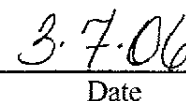


Signature/Incorporator

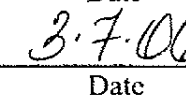
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date