P6600074939

(Req	uestor's Name))
bbA)	ress)	
(Address)		
(City	/State/Zip/Phor	ne #)
PICK-UP	·WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	



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SECREDARY OF STATE
FALLAHASSEE FFORDA

Office Use Only



COVER LETTER

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

SUBJECT:	OFLICIOUS (PROPOSED CORPORA)	INC	
· 	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Englosed are an orio	ginal and one (1) copy of the artic	cles of incorporation and	lacheck for:
Enclosed are all orig	ghiar and one (1) copy of the arti-	cies of meorporation and	TA CHECK TOT.
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
DD 014	LUCINDA SH	1012E	
FROM:	Name	(Printed or typed)	
	_		
	PO BOX 2	207	
	1	Address	
	COLE ADEA	ene tu	27510
	GULF BREY	State & Zip	32562
		•	
	404.307.80	789	<u></u>
	Daytime T	elenhone number	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION REQUEST FOR
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) REWEST FOR 5 CORPORATION
ARTICLE I NAME
The name of the corporation shall be: UR DELICIOUS, INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: 3 PORTOKINO DRIVE UNIT 608
PENSACOLA, EL 32561
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
CUSTOM HANDBAGS AND ACCESSORIES
ARTICLE IV SHARES
The number of shares of stock is: 10,000
6
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List hame(s), address(es) and specific title(s):
List hame(s), address(es) and specific title(s): LUCINTOA SHOKE 30 M 30 M
3 PORTOFINO DRIVE UNIT 608
PENSACOLA, EL 32561
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
LUCINDA SHORE
3 PORTOFINO DRIVE UNIT GOB
PENSACOLA, FL 32561 ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
1100
3 PORTOFINO DRIVE, UNIT 608
PENSACOLA, FL 32561

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 <u>familiar</u> with and accept the appointment as registered agent and agree to act in this capacity
5/20/06 Date
Signature/Registered Agent 5/20/06
Signature/Incorporator Date

_.____