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## **COVER LETTER**

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

SUBJECT: Sie Me Charle Sie 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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Cop & Certificate Status DPY REQUIRED	of	
FROM:	Robyo S. C. Name (	Oheo Printed or typed)	SECRETARY C	9	FILE
	Boynton Be	ddress  Ach, FC  State & Zip	regridarion 33437	PM 1: 47	
	561.889. Daytime Te	1139 elephone 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:	
Sienna Merchandising, Ir	ne.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  6408 POCK LONG CITCLE  BOYNTON BLACH, FL 3343  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Sales of consumer product  MULTIPLE DUST-TIBUTION CO	
10,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  List name(s), address(es) and specific title(s):  Poby S. Conlo  Adam J. Conlo	P 06 JUL SECRE: TALLAH
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the reg	istered agent is:
Adam I. Cones 6408 Park Cake circle Boy to Blach, FL 3343 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ROBY CONES 6408 Park Cake Circle Boy to Blach, FL 33437	1:47 STATE LURIDA
**************************************	**************************************
certificate, I am familiar with and aecept the appointment as registered agent and agree to a	act in this capacity
	1-2-06
Signature/Registered Agent	Date
Signature/Incorporator	Date
organical transfer and the second of the sec	- <del> </del>