

P07000027474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

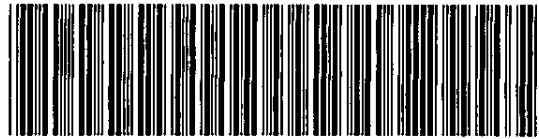
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/01/07--01019--013 **78.75

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07 MAR - 1 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Shrinking Violets 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: Eva M. Lopez
Name (Printed or typed)

6140 SW 16th St.
Address

Miami, FL 33155
City, State & Zip

305-527-2401
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: **Shrinking Violets Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **Eva M. Lopez
6140 SW 16 St.
Miami, FL 33155**

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): **Eva M. Lopez President
6140 SW 16 St.
Miami, FL 33155**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

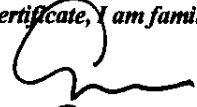
ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: **Eva M. Lopez
6140 SW 16 St
Miami, FL 33155**

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is: **Eva M. Lopez
6140 SW 16 St
Miami, FL 33155**

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

2-26-07
Date



Signature/Incorporator

2-26-07
Date