

PO 700092603767

(Requestor's Name)

(Address)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

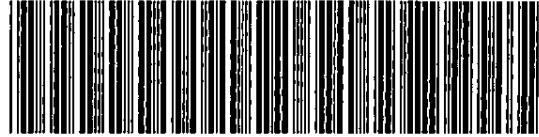
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03/15/07--01041--008 **78.75

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07 MAR 15 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/28 ST
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3/16
ST



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2007

IVETTE FULLY
12860 SW 8 CT
DAVIE, FL 33325

SUBJECT: EXPRESSIONS BY DESIGN, INC.
Ref. Number: W07000013160

We have received your document for EXPRESSIONS BY DESIGN, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Document Specialist
New Filing Section

Letter Number: 307A00018485

COVER LETTER

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

SUBJECT: Expressions by Design, 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: Ivette Fully
Name (Printed or typed)

12860 SW 8 Ct.
Address

Davie, FL 33325
City, State & Zip

954-474-5259
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:

Expressions Paper Crafting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

12860 SW 8 Ct.
Davie, FL 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To sell retail products to consumer

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Ivette Fully - 12860 SW 8 Ct. , Davie, FL 33325 - President

Darlene Alvarez - 12860 SW 8 Ct., Davie, FL 33325 - Vice- President

ARTICLE VI REGISTERED AGENT

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

Ivette Fully
12860 SW 8 Ct.
Davie, FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ivette Fully
12860 SW 8 Ct.
Davie, FL 33325

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

March 7, 2007

Date

March 7, 2007

Date

FILED
07 MAR 15 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA