

PO7000042361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

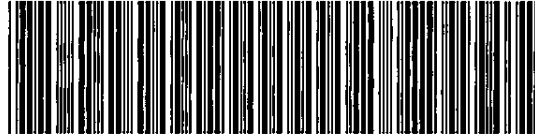
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/05/07--01019--005 **78.75

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07 APR -5 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
4/5

COVER LETTER

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

SUBJECT: Isabella Never 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: Lori Garcia
Name (Printed or typed)

20802 NW 14 Court
Address

Pembroke Pines, FL 33029
City, State & Zip

954-895-5674
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:

Isabella Never Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

20802 NW 14 Court
Pembroke Pines, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Clothing & Accessories

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):

President: Lori Garcia
20802 NW 14 Ct.
Pembroke Pines, FL 33029

ARTICLE VI REGISTERED AGENT

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

Lori Garcia
20802 NW 14 Ct.
Pembroke Pines, FL 33029

ARTICLE VII INCORPORATOR

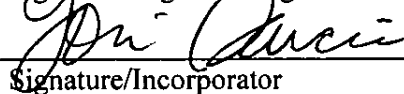
The name and address of the Incorporator is:

Lori Garcia
20802 NW 14 Ct.
Pembroke Pines, FL 33029

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

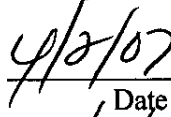


Signature/Incorporator

FILED

07 APR -5 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date