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(Re	equestor's Name)	· ·
. (Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
		•
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
<u> </u>		
		

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EURETHAY OF STATE LLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT:	Elsewise Inco (PROPOSED CORPORA)	rporated	
	(PROPOSED CORPORA)	I E NAME – <u>MUST INCL</u>	<u>ude suffix</u>)
Enclosed are an orig	ginal and one (1) copy of the artic	cles 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 Copy & Certificate of Status PPY REQUIRED
FROM:	Erik John Name		· - · · · · · · · · · · · · · · · · · · ·
	6826 Spring K		
	Orlando City,		2819
407-443-2621 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)	FILEO
ARTICLE I NAME	07 APR -6 PH 3:56
The name of the corporation shall be:	SCODETABLE OF DEATH
Elsewise IncorporateD	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
6826 Spring Rain Dr. Orlando, Fl 32819	
Orlando, F1 32819	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
& Sale of Novelty Items	
& Sale of Novelty items Creation of Novelty items	
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):	
Erik John Ongena - President	
John M. Ongena - Vice President	
Patricia A-Ongena - Vice President	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the regi	stered agent is:
Erik John Ongena 6826 Spring Rain Dr-	
Orlando, F1 32819	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Erik John Ongena	
6826 Spring Rain Dr-	
Orlanso, F1 32819	
Having been named as registered agent to accept service of process for the above stated co certificate, I am familiar with and accept the appointment as registered agent and agree to accept the appointment agree to accept the a	**************************************
(-1 ()	/ 1
5hl-les	03/28/07
Signature/Registered Agent	Date /
9/h U-5/2	03/28/07
Signature/Incorporator	/Date /
${\cal U}$	