## P070086240

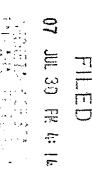
(Red	uestor's Name)		
(Address)			
(Add	dress)		
(City	//State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Doc	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
	<u></u>		

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## **COVER LETTER**

O7 JUL 30 FIL 4: 14

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

SUBJECT: Lil	MAMA, Inc (Proposed corpora			
	(PROPOSED CORPORA'	TE NAME – <u>MUST INCL</u>	<u>ude suffix</u> )	
Enclosed are an origi	nal 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	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Teisha George Name (Printed or typed)				
24128. Gelman Place				
Tompa, FL 33619 City, State & Zip 813.241.2026				
813.041.2021 Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

41 ×41				
ARTICLES OF INCORPORATION				
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)				
ADMINIT DE MARKE	FILED			
ARTICLE I NAME The name of the corporation shall be:	07 JUL 30 PH 4: 14			
<u> </u>	SPODETAGE			
LIL Mama Inc.	SECRETARY OF STATE			
	The state of the s			
ARTICLE II PRINCIPAL OFFICE				
The principal place of business/mailing address is:				
2412 3. Gelma Place				
Tompa, FL 33619				
ARTICLE III PURPOSE				
The purpose for which the corporation is organized is:				
retail sales				
ARTICLE IV SHARES				
The number of shares of stock is: 100				
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	RS			
List name(s), address(es) and specific title(s):				
Trisha George				
4304 River Close Blud				
Valrico FL 33594				
ARTICLE VI REGISTERED AGENT				
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:				
TRISHA GEORGE 2412 8. Belman Place				
2412 3. Gelman riu				
ARTICLE VII INCORPORATOR				
The name and address of the Incorporator is:				
Trialm GOACE?				
4304 River Close Blvd				
(Alrico, FL 33594				
**************				
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/Incorporator