P0700092084

(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:			





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08/15/07--01030--013 **78.75





COVER LETTER

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

SUBJECT: Distin	ctive Designs By Jean	ne inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an origi	nal and one (1) copy of the arti	icles of incorporation and	l 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 o Status PPY REQUIRED
FROM: Jea	anneDeJoseph		
	Name	(Printed or typed)	
7	7804 Antibes Ct		
_	•	Address	
_	Orlando, Florida 32825		·
	City,	State & Zip	
5	61-329-3061		
-	Daytime T	elephone 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:

Distinctive Designs By Jeanne Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7804 Antibes CT, Orlando Florida 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

personal income

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):

Jeanne DeJoseph 7804 Antibes Ct Orlando, Fla. 32825 CEO

CLO

ARTICLE VI REGISTERED AGENT

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

Jeanne DeJoseph 7804 Antibes Orlando, Fla. 32825

ARTICLE VII __ INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Jeanne DeJoseph 7804 Antibes Orlando, Fla. 32825

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 uppointment as revistered agent and agree to act in this capacity	

certificate, I am familiar with and accept the appointment as registered ag	ent and agree to act in this capacity
Searce - Newson	08/11/07
, Signature/Registered Agent	Date
Have Resent	08/11/07
Signature/Incorporator/	Date