

FD 7000115092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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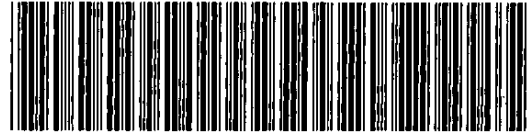
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
\*\*07-50  
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*[Handwritten signature]*

**COVER LETTER**

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

**SUBJECT: ELLEN CREAM APPLICATOR, 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: ELLEN CREAM APPLICATOR, INC  
Name (Printed or typed)

1666 NE 169 ST  
Address

N. MIAMI BEACH FL. 33162  
City, State & Zip

305-944-4780  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2007

ELLEN CREAM APPLICATOR, INC  
1666 NE 169TH ST.  
N. MIAMI BCH, FL 33162

SUBJECT: ELLEN CREAM APPLICATOR, INC  
Ref. Number: W07000046710

We have received your document for ELLEN CREAM APPLICATOR, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please complete the address of the registered agent and the incorporator.

Please return the corrected 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) 245-6995.

Wanda Cunningham  
Document Specialist  
New Filing Section

Letter Number: 307A00055523

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**  
2007 OCT 18 A 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

ELLEN CREAM APPLICATOR, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

1666 NE 169 ST  
N. MIAMI BEACH, FL 33162

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

ELLEN NICHOLAS  
1666 NE 169 ST  
N. MIAMI BEACH, FL 33162  
ELVIS GRANT  
20304 NW 27 CT, OPA-LOCKA, FL 33056

**ARTICLE VI REGISTERED AGENT**

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

ELLEN NICHOLAS  
1666 NE 169TH ST  
N. MIAMI BEACH, FL 33162

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ELLEN NICHOLAS  
1666 NE 169TH ST  
N. MIAMI BEACH, FL. 33162

\*\*\*\*\*  
Having been named as registered agent to accept service of process on behalf of the incorporated 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  
\*\*\*\*\*

Ellen Nicholas

Signature/Registered Agent

09-17-2007

Date

Ellen Nicholas

Signature/Incorporator

09-17/07

Date