

FD 7000115092

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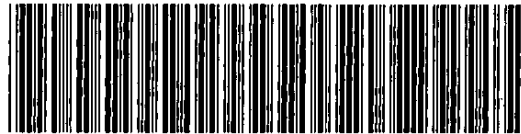
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALEAHASSEE, FLORIDA

2007 OCT 18 A 8:15

**07-50

FILED

Handwritten signature/initials

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)

ARTICLE I NAME

The name of the corporation shall be:

ELLEN CREAM APPLICATOR, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling 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, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Ellen Nicholas

Signature/Registered Agent

Ellen Nicholas

Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09-17-2007

Date

09-17/07

Date