

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (561) 455-9885

FLORIDA PROFIT/NON PROFIT CORPORATION

SHATARA'S PASSION CARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Florida Dept of State



October 31, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

A 1 A CORPORATE SERVICES INC

SUBJECT: SHATARA'S PASSION CARE, INC.

REF: W07000053891

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is N06000006057.

An effective date may be added to the Articles of Incorporation if a 2008 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

FAX Aud. #: H07000268248
Letter Number: 007A00063743

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SHATARA'S PASSION CARE, INC.

10/30/2007

Dear Florida Department of State,

I, Toya Brown, am the Director and President of SHATARA'S PASSION CARE, INC. (document number N06000006057). We are in the process of dissolving the non profit corporation. Please allow us to use the name SHATARA'S PASSION CARE, INC. as the name of the profit corporation.

Best Regards,



Toya Brown, Director and President
SHATARA'S PASSION CARE, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SHATARA'S PASSION CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is

5163 MOOSE CREEK CT.
JACKSONVILLE, FL 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock:

1,500 COMMON SHARES PAR VALUE \$.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR:

TOYA BROWN

5163 MOOSE CREEK CT.
JACKSONVILLE, FL 32218

DIRECTOR, VICE PRESIDENT:

ALTON E. BROWN JR.

5163 MOOSE CREEK CT.
JACKSONVILLE, FL 32218

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

HENRY WILLIAMS
10644 SQUIRES CT.
JACKSONVILLE, FL 32218

ARTICLE VII INCORPORATOR


The name and Florida street address of the incorporator is:

TOYA BROWN
5163 MOOSE CREEK CT.
JACKSONVILLE, FL 32218

.....
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.


HENRY WILLIAMS/ Registered Agent

10/30/07
Date


TOYA BROWN /Incorporator

10/30/07
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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