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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

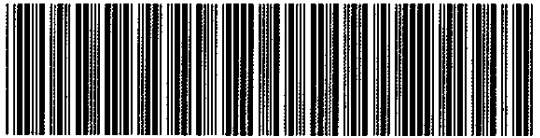
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB -1, PM 4:25

2/5/08

**COVER LETTER**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB -4 PM 4:25

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

**SUBJECT:** Elizabeth M. Poillucci, 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:** Elizabeth M. Poillucci

Name (Printed or typed)

12021 NW 34th Place

Address

Sunrise, FL 33323

City, State & Zip

(954) 548-4546

Daytime Telephone 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:

**Elizabeth M. Poillucci, Inc.**

### **ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

12021 NW 34th Place

Sunrise, FL 33323

### **ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

To work for multiple companies

### **ARTICLE IV    SHARES**

The number of shares of stock is:

500

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

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

Elizabeth M. Poillucci    President/Director

12021 NW 34th Place

Sunrise, FL 33323

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**ARTICLE VI REGISTERED AGENT**

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

Elizabeth M. Poillucci  
12021 NW 34th Place  
Sunrise, FL 33323

**ARTICLE VII INCORPORATOR**


The **name and address** of the Incorporator is:


Elizabeth M. Poillucci  
12021 NW 34th Place  
Sunrise, FL 33323

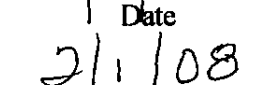
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

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