## P08000070679

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
· (Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv
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2009 JUL 28 PH 4: 29

SECRETARY OF STATE
AND AND SECRETARY OF STATE

T. Burch JUL 28 200

## **COVER LETTER**

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

SUBJECT:	Corzetta.	Inc.	
Enclosed are an orig	(PROPOSED CORPORA	TE NAME - MUST INCL	
\$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 of Status
FROM:	Patricia J 214 SW Sto	OCODS (Printed or typed)  Liftin Ave. Address	
	Port St. Luc City, 772-878-6	State & Zip	984
Daytime Telephone number			

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

•	
There is an incompany and in	
" ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
in compliance with Chapter 607 and/or Chapter 621, 1.5. (1101b)	<b>2006</b> Secu All
ARTICLE I NAME	an ≥ m
The name of the corporation shall be:	. 28 AST (SSE
Corretta Inc.	. Po M
ADMICL D. I. DDINGIDAL ODDICE	
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is:	
2145W Starfish AVC	29 DA
Port St. Lucie, FL 34984	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Retail Sales	
ARTICLE IV SHARES	
The number of shares of stock is:	•
<b>1</b>	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	4 Tradiami
Patricia Jacobs - President, Secretary, un	a reasurer
214 SW Starfish Ave.	
214 SW Starfish Ave. Port St. Lucie, FL 34984	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the results of the	registered exent is:
	egistered agent is.
Patricia Jacobs 214 SW Starfish Ave.	
Port St. Lucie, FL 34984	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Patricia Jacobs	
214 SW Starfish Ave.	
Port St. Lucie, FL 34984	
Having been named as registered agent to accept service of process for the above state	**************************************
certificate, I am familiar with and accept the appointment as registered agent and agree	
() A line Tune	M-DE-N
Signature/Registered Agent	
Signature Registred Agent	7-25-08
Signature/Incorporator	Date
Signature/meorporator	Date