# P08000085909

(Requestor's Name)	
(Address)	<del></del>
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Degument Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
<u> </u>	

Office Use Only



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08 SEP 18 PH 12: 42
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

108-42343

### COVER LETTER

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

SUBJECT: All Wrapped	Up. Inc.
(PROPOSĘD CORPORA	TE NAME – MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
199 Edison La Belle 863-399-	Printed or typed)  Address'  FL 33735  State & Zip  2654  elephone number

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

(H)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2008

VICKIE L LAWRENCE 799 EDISON AVE LABELLE, FL 33935

SUBJECT: ALL WRAPPED UP, INC.

Ref. Number: W08000042343

We have received your document for ALL WRAPPED UP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 208A00049767

Division of Corporations DO DOV 6997 Tollahorana Florida 20914

# ARTICLES OF INCORPORATION. In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 08 SEP 18 PM 12: 42 NAME ARTICLE I The name of the corporation shall be: SECRETARY OF STATE TALLAHASSEE, FLORIDA Get Wrapped Up, Inc. PRINCIPAL OFFICE The principal street address and mailing address, if different is: 799 Edison Aue. La Belle, FL 33935 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Body Wraps ARTICLE IV The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Vickie L. Lawrence - Owner/ 799 Edison Ave. The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Lawrence INCORPORATOR The name and address of the Incorporator is: 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