

P08000102354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

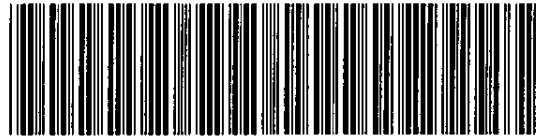
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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[Handwritten signature]

COVER LETTER

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

SUBJECT: SNAP LITES WIG ACCESSORIES, 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: MICHELE DEPALMA

Name (Printed or typed)

5797 BEECHWOOD TRAIL

Address

FORT MYERS, FLORIDA 33919

City, State & Zip

239-738-9039

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:

SNAP LITES WIG ACCESSORIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5797 BEECHWOOD TRAIL, FORT MYERS, FLORIDA 33919

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT A BUSINESS OPERATION IN THE WIG ACCESSORIES.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHELE DEPLAMA, TITLE: PRESIDENT. ADDRESS: 5797 BEECHWOOD TRAIL, FORT MYERS, FLORIDA 33919

JOSEPH DEPLAMA, TITLE: VICE-PRESIDENT. ADDRESS: 5797 BEECHWOOD TRAIL, FORT MYERS, FLORIDA 33919

ARTICLE VI REGISTERED AGENT

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

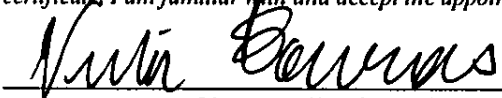
VICTOR BOURAS
12730 NEW BRITTANY BLVD, SUITE 434
FORT MYERS, FL 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHELE DEPALMA
5797 BEECHWOOD TRAIL, FORT MYERS, FLORIDA 33919

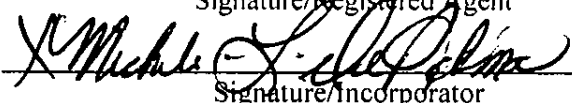
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11-6-08

Date



Signature/Incorporator

11-6-08

Date

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CLERK OF CIRCUIT
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