

P09000086771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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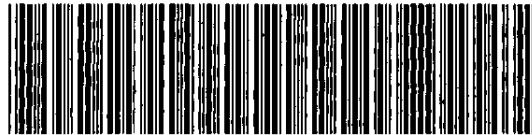
(Business Entity Name)

(Document Number)

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

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10/16/09--01045--014 \*\*87.50

FILED  
09 OCT 16 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 10/11/09



October 7, 2009

Attention: Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: New Corporate Filing and Trademark – Devine Style

To whom it may concern,


Please find enclosed a new filing for a corporation to be name "Devine Style Inc.". I had attempted to file this online; however I was informed my own trademark interfered with it. Under instruction of your office I am sending a manual copy of the filing and proof that I also own the trademark in question.

I have had this corporation name previously, but voluntarily dissolved it due to the recession and I am aware I am out of the reinstatement period. Hence, this is the new filing for Devine Style Inc.

Also enclosed are the prior Devine Style dissolution papers as well as my current trademark certificate. I would be grateful if you could please update the address for the trademark to the following address:

Devine Style Inc  
4400 Northcorp Parkway  
Palm Beach Gardens, FL. 33410

I apologize for any inconvenience this may have caused and please let me know if you have any questions.

  
Olympia Devine  
President

TEL (561) 847 7688

CHECK ENCLOSED FOR NEW FILING - \$87.50

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** DEVINE STYLE 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:** OLYMPIA DEVINE  
Name (Printed or typed)

4400 NORTHCORP PARKWAY  
Address

PALM BEACH GARDENS, FLORIDA 33410  
City, State & Zip

561-847-7688  
Daytime Telephone number

OLYMPIA@DEVINESTYLE.COM  
E-mail address: (to be used for future annual report notification)

**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: **DEVINE STYLE INC**

**ARTICLE II PRINCIPAL OFFICE**

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

4400 NORTHCORP PARKWAY  
PALM BEACH GARDENS, FLORIDA 33410

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**MARKETING, EVENTS & PUBLICATION**

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TALLAHASSEE, FLORIDA

**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):

OLYMPIA DEVINE - PRESIDENT  
4400 NORTHCORP PARKWAY  
PALM BEACH GARDENS, FL. 33410

**ARTICLE VI REGISTERED AGENT**

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

OLYMPIA DEVINE - PRESIDENT  
4400 NORTHCORP PARKWAY  
PALM BEACH GARDENS, FL. 33410

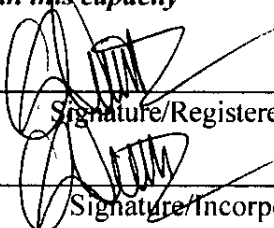
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

OLYMPIA DEVINE - PRESIDENT  
4400 NORTHCORP PARKWAY  
PALM BEACH GARDENS, FL. 33410

\*\*\*\*\*

*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

10/07/09  
Date  
10/07/09.  
Date