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COVER LETTER

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

SUBJECT: <u>Seaso</u> r	nal Blessings, Inc.			
	(PROPOSED CORPORA			
\$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 PPY REQUIRED	
FROM: Sto	ephanie Land Name (Printed or typed)		
	16039 Juarez Circle	Address		
	Punta Gorda, FL 33955 City,	State & Zip		
239-823-7701 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:

Seasonal Blessings, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 16039 Juarez Circle, Punta Gorda, FL 33955

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in E-Commerce activities.

ARTICLE IV SHARES

The number of shares of stock is: 100

<u>ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS</u>

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

Stephanie Land, President

16039 Juarez Circle

Punta Gorda, FL 33955

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Stephanie Land

16039 Juarez Circle, Punta Gorda, FL 33955

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stephanie Land

16039 Juarez Circle

Punta Gorda, FL 33955

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 Da

Signature/Incorporator

11/27/09

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