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(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

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

SUBJECT: Roma	nce Delivered, Inc.			
	(PROPOSED	CORPORAT	E NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	riginal and one (1) cop	y of the artic	les of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of S	Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY REQU			PY REQUIRED
	Aleita J. Smith	Name (Printed or typed)	
J.	O SVV Caballa Politi Cli		ldress	
<u>s</u>	tuart, Florida 34994		0.77	
		City, S	tate & Zip	
77	72-634-0185			
	•	Daytime Tel	ephone number	to the state of th
. <u>A</u> l	eitas@bellsouth.net			
	E-mail addres	s: (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:

Romance Delivered, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 35 SW Cabana Point Circle Stuart, Florida 34994

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100 COMMON SHARES NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President

Aleita J. Smith

35 SW Cabana

Point Circle

Stuart, FL 34994

ARTICLE VI REGISTERED AGENT

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

Aleita J. Smith

35 SW Cabana Point Circle

Stuart, Florida 34994

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Aleita J. Smith

35 SW Cabana Point Circle

Stuart, Florida 34994

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

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SB