

P10000047741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

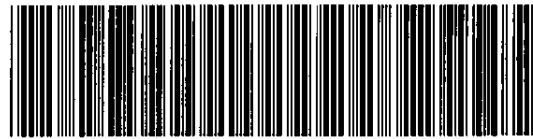
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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300181612133
06/04/10--01023--020 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2010 JUN -4 PM 2:17

6/7/10

COVER LETTER

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

SUBJECT: Diva Exchange LLC

(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: Jillian Butzin

Name (Printed or typed)

204 Interlake Dr

Address

Lake Placid, FL 33852

City, State & Zip

863-484-0009

Daytime Telephone number

divaexchange1@yahoo.com

E-mail address: (to be used for future annual report notification)

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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)

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ARTICLE I NAME

The name of the corporation shall be:

Diva Exchange Inc

ARTICLE II PRINCIPAL OFFICE

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

204 Interlake DR, Lake Placid, FL 33852

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Clothing resale

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):

Jillian M Butzin

President

Elizabeth A.

Forsyth, Sec.

ARTICLE VI REGISTERED AGENT

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


Jillian M. Butzin, 204 Interlake Dr, Lake Placid, FL 33852

ARTICLE VII INCORPORATOR

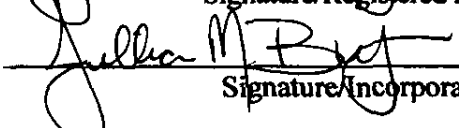
The name and address of the Incorporator is:

Jillian M. Butzin, 204 Interlake Dr, Lake Placid, FL 33852

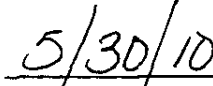
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



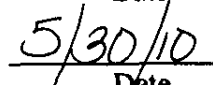
Signature/Registered Agent



Signature/Incorporator



Date



Date