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PICK-UP	☐ WAIT	MAIL		
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SECRETARY OF STATE
TAIL AMASSES STATEMA

COVER LETTER

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

SUBJECT: CHELSEY NICOLETTE ENTERPRISES, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate Status ADDITIONAL COPY REQUIRED		
FROM: KIMBERLY F. EMMANUE Name	EL (Printed or typed)		
15883 S W 52nd Street	Address		
Miramar, Fl 33027 City, State & Zip			
(954) 802-5386 Daytime Telephone number			
goldendag3@aol.com E-mail address: (to be used	for future annual report notification)		

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2010

KIMBERLY F EMMANUEL 158883 SW 52ND STREET MIRAMAR, FL 33027

SUBJECT: CHELSEY NICOLETTE ENTERPRISES, INC.

Ref. Number: W10000049442

We have received your document for CHELSEY NICOLETTE ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 410A00024853

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:		
	883 S W 52nd Street ramar, FL 33027			
	amar, Fr 53027			
The purpose for whith The Corporation the laws of the	urpose ch the corporation is organized is: on is a For-Profit Entity and shall end United States and of the State of F	gage in any activi lorida.	ty or business permitted under	
ARTICLE IV S The number of shares	HARES of stock is ONE		OF STAI	
ARTICLE V I	NITIAL OFFICERS AND/OR DIRECTOR	<u>8</u>	6	
Name and Title Address:	:Kimberly F. Emmanuel, President 15883 S.W 52nd Street Miramar, Ft. 33027	Name and Title: Address:		
Name and Title	S	Name and Title:		
Address:				
Name and Title Address:		Name and Title:	· ···· · · · -	
ARTICLE VI R	EGISTERED AGENT	<u> </u>		
	la street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name: Address:	Kimberly F. Emmanuel 15883 S W 52nd Street Miramar, FL 33027	-		
ARTICLE VII II	•	-		
	ss of the Incorporator is:			
Name:	Kimberly F. Emmanuel	-		
Address:	15883 S W 52nd Street Miramar, Fl 33027	<u>.</u>		
Having been named this certificate, i am f	as registered agent to accept service of process andliar with and accept the appointment as regi	for the above stated c stered agent and agree	orporation at the place designated in to act in this capacity	
Xim	Veils & Commence	V	10/12/2010	
	Required Signature/Registered Agent	\	Date	
I submit this docume document to the Depart	ent and affirm that the facts stated herein are urtment of State gonstitutes a third degree felony	true. I am aware that as provided for in s.81	the false information submitted in a 7.155, F.S.	
Kimbe	Mrs & Commonelle	V	10/12/2010	
- Limber	Required Signature/Incorporator		10/12/2010 Date	