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(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 05 2010

COVER LETTER

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

SUBJECT: Complete Needs, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Loventas Chera
Name (Printed or typed)
1087 Sunshine Way S.W.
Address
Winter Haven, FL 33880
City, State & Zip
863-291-4203
Daytime Telephone number
silibon12@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

ARTICLE I NAME

The name of the corporation shall be:

Complete Needs, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1087 Sunshine Way S.W.
Winter Haven, FL 33880

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

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):

Loventas Chera
1087 Sunshine Way S.W.
Winter Haven, FL 33880
President/ Secretary/ Treasurer

ARTICLE VI REGISTERED AGENT

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

Loventas Chera
1087 Sunshine Way S.W.
Winter Haven, FL 33880

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Loventas Chera
1087 Sunshine Way S.W.
Winter Haven, FL 33880

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

Loventas Chera

Signature/Registered Agent

Loventas Chera

Signature/Incorporator

10-22-10

Date

10-22-10

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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