

PI1000002784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

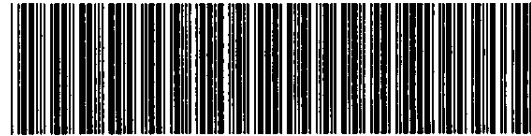
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/08/10--01022--018 **78.75

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11 JAN 10 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 111

COVER LETTER

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

SUBJECT: All in STITCHES 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 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: JOHN SANTORIELLO
Name (Printed or typed)
11710 N.W. 2ND STREET.
Address
PLANTATION, FL 33325
City, State & Zip
954-846-0016
Daytime Telephone number
AllinStitches@gmail.com
E-mail address: (to be used for future annual report notification)

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



559 Sawgrass Corporate Parkway
Sunrise, FL 33325
(954) 846-0016 • Fax: (954) 846-0770
Email: allinstitches@gmail.com

FILED
11 JAN 10 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 3, 2010

To Whom in may concern:

We just wanted to advise you that we have no intention of reinstating All In Stitches Doc # P08000019653 from this day forward. Attached is the pertinent paperwork to complete our request. Thank you.

Sincerely,


John Santoriello



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2010

JOHN SANTORIELLO
11710 N.W. 2ND STREET
PLANTATION, FL 33325

SUBJECT: ALL IN STITCHES INC
Ref. Number: W10000052668

We have received your document for ALL IN STITCHES INC and your check(s) totaling \$78.75. 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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6921.

Maryanne Dickey
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 210A00026457

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:

All in Stitches INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

559 SAWGRASS CORP PARKWAY
SUNRISE, FL. 33325

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Custom Apparel / Embroidery

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN SANTORIE/10

Address: PRESIDENT

11710 N.W. 2ND ST

PLANTATION, FL. 33325

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: JOHN SANTORIE/10

Address: 559 SAWGRASS CORP PKWY
SUNRISE, FL 33325


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN SANTORIE/10

Address: 11710 N.W. 2ND ST
PLANTATION, FL. 33325

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



Required Signature/Registered Agent

11/3/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

11/3/10
Date