

P11000012347

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Stivers FEB 04 2011
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COVER LETTER

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

SUBJECT: Delaney Love Designs

(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: Allison Reynolds

Name (Printed or typed)

3329 sw McMullen st

Address

Port Saint Lucie Fl. 34953

City, State & Zip

772.878.3100

Daytime Telephone number

reynoldsald@aol.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: Delaney Love Designs Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3329 sw McMullen st
Port Saint Lucie Fl
34953

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Retail

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Allison Reynolds	Name and Title: _____
Address: 3329 sw McMullen st	Address: _____
Port Saint Lucie Fl	_____
34953	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Timothy Reynolds
Address: 3329 SW McMullen st
Port Saint Lucie Fl 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Allison Reynolds
Address: 3329 sw McMullen st
port saint lucie fl 34953

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

1.13.2011
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

1.13.2011
Date

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