

P110000012828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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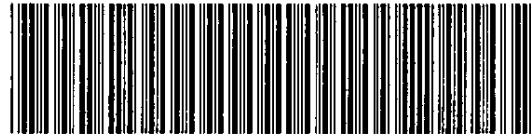
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
2/7

COVER LETTER

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

SUBJECT: Elegant Chair Covers 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Sylmarie Carrasquillo

Name (Printed or typed)

1421 Barbados Ave.

Address

Orlando, FL 32825-5721

City, State & Zip

(407) 484-4989

Daytime Telephone number

support@intelesoft.org

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

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

No Filing

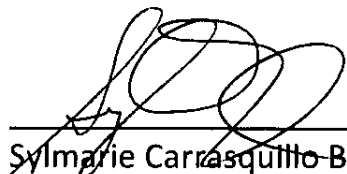
Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314-6327

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

To Whom it May Concern

Re: Elegant Chair Covers Inc – P06000035760

I, Sylmarie Carrasquillo Brusela, president of the above referenced corporation, do hereby release the name of this administratively dissolved entity to any other interested party for the purposes of (re) incorporation.

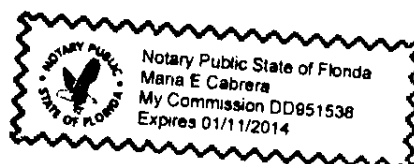

Sylmarie Carrasquillo Brusela

The foregoing instrument was acknowledged before me this 20 day of January, 2011
by Sylmarie Carrasquillo, who is personally known to me or who produced
Florida Drivers License as identification.

State of Florida
County of Seminole


Notary Signature

Seal



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

FILED

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

ARTICLE I NAME Elegant Chair Covers Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1421 Barbados Ave.
Orlando, FL 32825-5721

Mailing address, if different:
P.O. Box 678337
Orlando, FL 32867-8337

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 7,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Sylmarie Carrasquillo Brusela, Pres.</u>	Name and Title: _____
Address: <u>605 Laurel Cove Ct., Apt 206</u>	Address: _____
<u>Orlando, FL 32825-3218</u>	_____

Name and Title: <u>Gilberto Carrasquillo Brusela, V.P.</u>	Name and Title: _____
Address: <u>2903 Katie Beth Ct.</u>	Address: _____
<u>Kissimmee, FL 34744-8904</u>	_____

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: Gilberto Carrasquillo
Address: 1421 Barbados Ave.
Orlando, FL 32825-5721

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sylmarie Carrasquillo Brusela
Address: 605 Laurel Cove Ct., Apt 206
Orlando, FL 32825-3218

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

1-20-11
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

1-20-11
Date