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COVER LETTER

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

SUBJECT: JULIMEG CREATIONS, CORP (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
(PROPOSED CORPORATE Enclosed are an original and one (1) copy of the article.						
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of				
FROм:Juan Luis Or	tiz	OPY REQUIRED				
2104 Wissahi	(Printed or typed) CKON AVE ddress					
Tampa, Fl 3	34604 State & Zip					
813-504-0604 / 8 Daytime Te	313-368-4587 Elephone number					
julimegcreation E-mail address: (to be used	ons@aol.com for future annual report	notification)				

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 No. 1. The name of the corp		JULIMEG CRE	ATIONS, COF	RP	11 MAY -9	PM I
•					read y	1 (7 1
ARTICLE II F	PRINCIPAL OFF			Mailing	SECRETAGE.	OF ST
	Principal stree	i address		iviaining	address ALLAHASSEE	FLO
21	04 WISSAHICK	ON AVE	85	555 SOUTH	ERN CHARM CIR	
TA	MPA, FL 33604	<u> </u>	B	ROOKSVILL	E. FL 34613	
ARTICLE III P	URPOSE					
The purpose for whi	ch the corporation					
•		_	•	_	ated silkscreen	
					ps, calendars, pu	
					lispanic Christian	
•	•	n their favorite ev	ents, hobbies	, and custo	ms of their count	try wit
biblical messag						
ARTICLE IV S The number of shares		00				
	•					
ARTICLE V L	NITIAL OFFICE	RS AND/OR DIRE	CTORS	1.00%1		
Name and 1116 Address:	e: <u>Juan Luis On</u>	ickon Ave	Name an	a i nie:		
Address.		3604				
						
Name and Title	».Maria E. Car	sia Visa Drasida	nt Name an	d Title:		
Address:	8555 Southe	n Charm Cir	Address:	d Title		
		34613				-
Name and Title	. .		Name an	d Title:		
Address:	·		Address:	u / IIIc		
		· · · · · · · · · · · · · · · · · · ·		<u></u>		
ARTICLE VI R	EGISTERED A	GENT				
	da street address (P.O. Box NOT accept	able) of the register	ed agent is:		
Name:	Maria E. Ga		 			
Address:		ern Charm Cir				
	Brooksville,	FI 34613	····			
ARTICLE VII I						
The <u>name and addre</u>						
Name: Address:	Maria E. Ga					
Addiess.	Brooksville,	ern Charm Cir fl 34613				
Having been named	as registered agen	nt to accept service of	process for the ab	ove stated corp	poration at the place a	lesignat
		ccept the appointment				-
Dan C	PH.				= 10.150.4.4	
Offare P	Haice				5/3/2011	
/	Required Sig	mature/Registered Age	nt .		Date	

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

Required Signature/Incorporator

Date