

P110000046408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

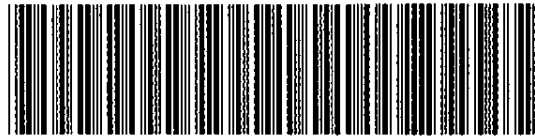
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/11/11--01013--012 \*\*113.75

FILED  
11 MAY 11 PM 1:56  
SECRETARY OF STATE  
HALLMARKS, INC.

PS 5/16/11

## COVER LETTER

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

SUBJECT: LOCKETTE 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: ESTELLA LOCKETTE

Name (Printed or typed)

1044 NW 53RD STREET

Address

MIAMI, F L 33127

City, State & Zip

305-438-1811

Daytime Telephone number

LOCKETTE12@YAHOO.COM

E-mail address: (to be used 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)

FILED

11 MAY 11 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: **LOCKETTE'S INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1701 NW 1ST PLACE

MIAMI FL 33136

Mailing address, if different is:

1044 NW 53RD STREET

MIAMI FL 33127

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any all lawful business. Including but not limited to Retail sales

**ARTICLE IV SHARES**

The number of shares of stock is: **5000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ESTELLA LOCKETTE - PRESIDENT

Address: 1044 NW 53RD STREET

MIAMI FL 33127

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: ESTELLA LOCKETTE

Address: 1044 NW 53RD STREET

MIAMI FL 33127

**ARTICLE VII INCORPORATOR**

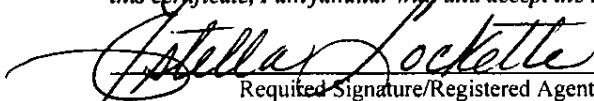
The name and address of the Incorporator is:

Name: ESTELLA LOCKETTE

Address: 1044 NW 53RD STREET

MIAMI FL 33127

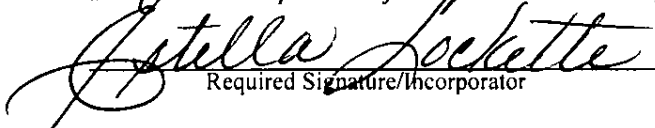
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

05/05/2011

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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

05/05/2011

\_\_\_\_\_  
Date