

P11000055426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

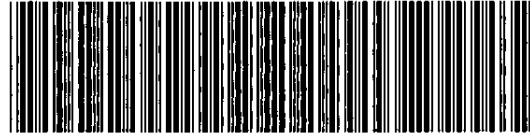
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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W11- 30556



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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11 JUN 13 PM 12:44
DIVISION OF CORPORATIONS

June 3, 2011

SARELYN JACKSON
1902 ELOISE LOOP RD
WINTER HAVEN, FL 33884

SUBJECT: PICTURE ME PERFECT, INC.
Ref. Number: W11000030556

We have received your document for PICTURE ME PERFECT, INC. and your check(s) totaling \$87.50. 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.

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) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 811A00013688

COVER LETTER

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

SUBJECT: Picture Me Perfect, 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: Sarelyn Jackson

Name (Printed or typed)

1902 Eloise Loop Rd

Address

Winter Haven, FL 33884

City, State & Zip

863.638.4242

Daytime Telephone number

artese1@live.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)

ARTICLE I NAME

The name of the corporation shall be: Picture Me Perfect, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
762 N. Scenic HWY 17
Unit-3
Babson Park, FL 33827

Mailing address, if different is:

~~same~~
P.O. Box 831
Babson Park, FL 33827

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This is a 3D/4D ultrasound business for mothers-to-be.

ARTICLE IV SHARES

The number of shares of stock is 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sarelyn Jackson - Director
Address: 1902 Eloise Loop Rd
Winter Haven, FL 33884

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: Sarelyn Jackson
Address: 1902 Eloise Loop Rd
Winter Haven, FL 33884

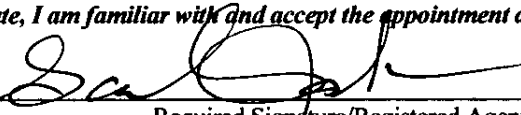
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sarelyn Jackson
Address: 1902 Eloise Loop Rd
Winter Haven, FL 33884

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

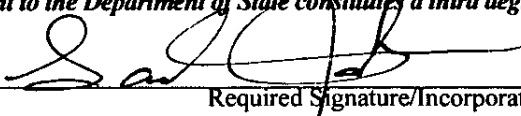


Required Signature/Registered Agent

May 6, 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

May 6, 2011

Date