

P11000096514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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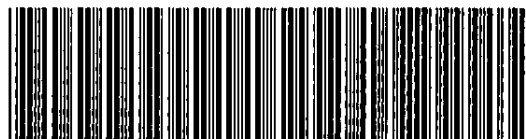
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
11/7

COVER LETTER

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

SUBJECT: CINDERELLA-TEMPLETON 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: Dr A. Adekanmi

Name (Printed or typed)

P.O. Box 951858

Address

Lake Mary, FL 32795

City, State & Zip

1 407 687 9496

Daytime Telephone number

yaadekanmi@gmail.com

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CINDERELLA-TEMPLETON Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3572 Moss Pointe Pl

Lake Mary

FL 32746

Mailing address, if different is:

c/o P.O. Box 951858

Lake Mary

FL 32795

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr A. Adekanmi

Address: c/o P.O. Box 951858

LAKE MARY

FL 32795

Name and Title:

Address:

Name and Title: A. Adekanmi

Address: c/o P.O. Box 951858

LAKE MARY

FL 32795

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: Dr A. Adekanmi

Address: 3572 Moss Pointe Pl

Lake Mary FL 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr A. Adekanmi

Address: P.O. Box 951858

Lake Mary FL 32795

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

10/04/2011

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

10/04/2011

Date