

P12000029271

(Requestor's Name)

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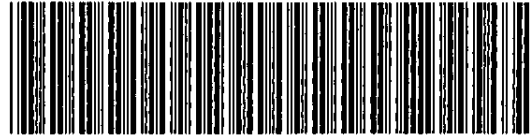
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 26 PM 2:08

W12-14393

P 21



RECEIVED

12 MAR 26 AM 11:01

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 13, 2012

NANCY H DESAMOUR
1841 SW 64TH TERR
NORTH LAUDERDALE, FL 33068

SUBJECT: HELEyna KRAZE INC.
Ref. Number: W12000014393

We have received your document for HELEyna KRAZE 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):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

Please return 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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 312A00009162

COVER LETTER

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

SUBJECT: HeleyNA Kraze
(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: Nancy H. Desamour
Name (Printed or typed)

1841 SW 64th Terrace
Address

North Lauderdale, FL 33068
City, State & Zip

(954) 856-8240
Daytime Telephone number

Crazy86Love@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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

HelexNA Krazz Inc

12 MAR 26 PM 2:08

ARTICLE II PRINCIPAL OFFICE

Principal street address

1841 SW 64th Terrace
North Lauderdale
Florida, 33068

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Nancy H. Desamours

Address:

1841 SW 64th Terrace
North Lauderdale
FL, 33068

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:

Nancy Desamours

Address:

1841 SW 64th Terrace
North Lauderdale, FL 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Nancy Desamours

Address:

1841 SW 64th Terrace
North Lauderdale, FL 33068

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

x Nancy H. Desamours
Required Signature/Registered Agent

3/6/12
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.

x Nancy H. Desamours
Required Signature/Incorporator

3/6/12
Date