

P/2000041369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

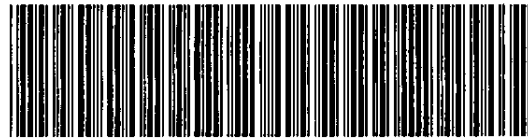
(Business Entity Name)

(Document Number)

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12 MAY -2 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W12-2043

05/03/12



RECEIVED

12 MAY -2 PM 4: 23

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 20, 2012

^E
JOCELYN BENJAMIN
1710 W. 45TH ST.
STE. #M1 - M2
WEST PALM BEACH, FL 33407

*** 3RD REJECTION ***

^E
SUBJECT: JOCELYN'S LINGERIE PLUS, INC.
Ref. Number: W12000002043

We have received your document for JOCELYN'S LINGERIE PLUS, INC. and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to reduce confusion, I took the liberty of filling out the paper form for "Articles of Incorporation" in your name. Please verify ALL INFORMATION for correctness. If everything listed is acceptable, please Sign and Date the document (TWICE - once for Registered Agent, and again for the Incorporator) and return.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 512A00000793



RECEIVED

12 APR 19 PM 2:01

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2012

JOCELYN BENJAMIN
1710 W. 45TH ST.
STE M1-M2
WEST PALM BEACH, FL 33407

SUBJECT: JOCELYN'S LINGRIE PLUS.
Ref. Number: W12000002043

We have received your document for JOCELYN'S LINGRIE PLUS. and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

It appears that the word LINGRIE in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled LINGRIE. If you did not misspell this word intentionally, please correct the spelling to read LINGERIE and resubmit the document for processing.

Is the Name of the Corporation/Principal "Jocelyne" OR ~~"Jocelyne"~~? LINGRIE

The registered agent must have a Florida street address. A post office box is not acceptable.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 512A00000793



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2012

JOCELYN BENJAMIN
500 W CONGRESS RD
WEST PALM BEACH, FL 33401

SUBJECT: JOCELYN'S LINGIRA
Ref. Number: W12000002043

We have received your document for JOCELYN'S LINGIRA and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document as submitted is illegible. Please print neatly or type the information onto the document.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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: 512A00000793

COVER LETTER

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

SUBJECT: JOCELYNE'S LINGERIE PLUS, 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: JOCELYNE BENJAMIN
Name (Printed or typed)

1710 W. 45 ST., STE. #M1 - M2
Address

WEST PALM BEACH, FL 33407
City, State & Zip

(561) 541-4805
Daytime Telephone number

LANATURES@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: **JOCELYNE'S LINGERIE PLUS, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1710 W. 45 ST., STE. #M1 - M2
WEST PALM BEACH, FL 33407

Mailing address, if different is:
500 W. CONGRESS AVE.
WEST PALM BEACH, FL 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
RETAIL STORE

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>JOCELYNE BENJAMIN -- Director</u>	Name and Title: _____
Address: <u>500 W. CONGRESS AVE.</u>	Address: _____
<u>WEST PALM BEACH, FL 33401</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JOCELYNE BENJAMIN
Address: 1710 W. 45 ST., STE. #M1 - M2
WEST PALM BEACH, FL 33407

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOCELYNE BENJAMIN
Address: 1710 W. 45 ST., STE. #M1 - M2
WEST PALM BEACH, FL 33407

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

4-27-12
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.

Required Signature/Incorporator

4-27-12
Date

FILED
12 MAY -2 PM 12:52
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE