

P12000058652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

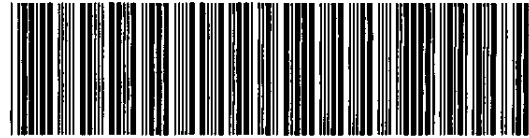
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/18/12--01032--018 **70.00

W12-33041

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUN 29 PM 4:05

FILED

T Burch JUL 2 2012

COVER LETTER

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

SUBJECT: Master Compliments Inc DBA Perceptions
(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: Susan Correa
Name (Printed or typed)

18900 N Tamiami Trail Ste 8
Address

North Fort Myers, FL 33903
City, State & Zip

239-567-0667
Daytime Telephone number

Susansf07@yahoo.com
E-mail address: (to be used for future annual report notification)

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

6/25/12

To whom it may concern,
I am writing to let you know
that I am releasing the name
Master Complements Inc and
have no intention of using
my old corporation.

p08000107805

Thank you,
J. O. Mc

239367-0667

2391-7455888



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 JUN 29 AM 11:01

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

June 19, 2012

SUSAN CORREA
18900 N TAMiami TRAIL STE 8
NORTH FORT MYERS, FL 33903

SUBJECT: MASTER COMPLIMENTS INC DBA PERCEPTIONS
Ref. Number: W12000033041

We have received your document for MASTER COMPLIMENTS INC DBA PERCEPTIONS and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office. ✓

Please state on the letter releasing name the name and the document number of the corporation you're releasing.

✓
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.

Tim Burch
Regulatory Specialist II
New Filing Section

~~Letter Number: 612A00016959~~

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: Master Compliments Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
18900 N Tamiami Trail Ste 8
North Fort Myers, FL 33903

FILED
12 JUN 29 PM 4:05
MAILING ADDRESS, IF DIFFERENT IS: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is being organized for the purpose of conducting any an all lawful business activities permitted under the laws of the State of Florida and the United States of America.

ARTICLE IV SHARES

The number of shares of stock is: This corporation shall have the authority to issue 100 par shares of common stock at \$1.00 per share par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan Correa President
Address: 18900 N Tamiami Trail Ste 8
North Fort Myers, FL 33903

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: Susan Correa
Address: 18900 N Tamiami Trail Ste 8
North Fort Myers, FL 33903

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Susan Correa
Address: 18900 N Tamiami Trail Ste 8
North Fort Myers, FL 33903

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 Susan Correa
Required Signature/Registered Agent

6/14/12
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 Susan Correa
Required Signature/Incorporator

6/14/12
Date