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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECREDARY STATE
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W12-37805



BECEIPED

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 17, 2012

CONNIE DAVIS 13750 WEST COLONIAL DRIVE SUITE 340 WINTER GARDEN, FL 34787

SUBJECT: CONNIE INC. Ref. Number: W12000037805

We have received your document for CONNIE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L07000027489 (CONNIE LLC).

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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: 112A00019027

COVER LETTER

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

| SUBJECT: Connie Inc. | |
|--|---|
| (PROPOSED CORPORA | TE NAME - MUST INCLUDE SUFFIX) |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation and a check for: |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status |
| | ADDITIONAL COPY REQUIRED |
| FROM: Connie Davis Name | (Printed or typed) |
| 13750 West Colonial Driv | ve Suite 340 |
| A | Address |
| Winter Garden, FL 3478 City, | State & Zip |
| 407-654-8171 Daytime Te | elephone number |
| davisdoncon@yahoo.cor E-mail address: (to be used | n I 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 The name of the cor | NAME Connie Se. J Inc. | | | |
|--|--|-------------------------|---|--|
| 1: Si | PRINCIPAL OFFICE Principal street address 3750 West Colonial Drive uite 340 inter Garden, FL 34787 | | Mailing address, if different is: | |
| ARTICLE III I The purpose for wh Operate a Hea | nich the corporation is organized is: | | | |
| ARTICLE IV The number of share | | a | | |
| | le:Connie Davis Gweer PDST 153 Windtree Lane Building S Winter Garden, FL 34787 | Name and Title:Address: | | |
| Name and Tit Address: | le: | Address: | | |
| Name and Tit Address: | le: | Address: | | |
| ARTICLE VI | REGISTERED AGENT | | | |
| The name and Flor Name: Address: | ida street address (P.O. Box NOT acceptable) of Peggy Bush 403 South Cumberland Ave Ocoee, FL 34761 | | 12 AUG - | |
| ARTICLE VII | INCORPORATOR | | | |
| The name and addr | ress of the Incorporator is: | | | |
| Name: Address: | Connie Davis 153 Windtree Lane Building S Winter Garden, FL 34787 | - | 12: 20 10: 10: 10: 10: 10: 10: 10: 10: 10: 10: | |
| | d as registered agent to accept service of process familiar with and accept the appointment as regi | | | |
| Lu (| 2 Just | | 7-11-12 | |
| 1 / | Required Signature/Registered Agent | | Date | |
| | vent and affirm that the facts stated herein are partment of State constitutes a third degree felony | | | |
| | . () | <u> </u> | | |
| yon | Required Signature/Incorporator | <u> </u> | 7-11-12 Date | |
| • | required digitally incorporator | | Date | |