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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
WHITE LADYBUG, INC.**

| | |
|-----------------------|---------|
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME White Ladybug, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
1943 Fowler St.
Ft. Myers, FL 33901

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Gift and stationary products distribution

ARTICLE IV SHARES
The number of shares of stock is: 1,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mathieu Monges, President, Sec.
Address: Treasurer
1943 Fowler St.
Ft. Myers, FL 33901

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kelly Seyler, Paralegal
Address: Fox Rothschild LLP
747 Constitution Dr., P.O. Box 673, Exton
PA 19341

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
Corporation Service Company

By: Stephanie Milnes Asst. V.P.
Required Signature/Registered Agent

8/13/12
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.

Kelly M Seyler
Required Signature/Incorporator
Kelly Seyler

8/13/2012
Date

12 AUG 13 PM 12:51
TALLAHASSEE, FLORIDA