

P1 200 008 7987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700240475927

10/17/12--01018--010 \*\*247.50

FILED  
12 OCT 17 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Lice Destroyer , 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: lori shecter

Name (Printed or typed)

9048 villa portofino circle

Address

boca raton florida 33496

City, State & Zip

561 213 7267

Daytime Telephone number

shecter1@comcast.net

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12 OCT 17 AM 9:23

FILED

**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**

Lice Destroyer , Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
9048 villa portofino circle  
Boca raton , Florida , 33496

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Sell Head lice products

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lori Shecter President Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Danniele Shecter Secretary Treasure

Name and Title: 9048 villa portofino Circle Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Boca raton , Florida , 33496

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: Lori Shecter  
Address: 9048 villa portofino circle  
Boca Raton Florida , 33496

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lori Shecter  
Address: same as above

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

Lori Shecter  
Required Signature/Registered Agent

10/16/12  
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.

Lori Shecter  
Required Signature/Incorporator

10/16/12  
Date

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12 OCT 17 AM 9:23

FILED