

P12000096178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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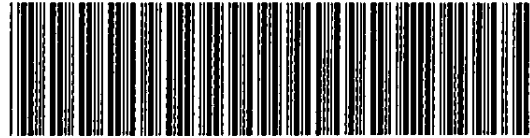
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/20

[Handwritten signature]

COVER LETTER

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

SUBJECT: SIMPLY FABULOUS OF SW FL 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: SONIA SIAZ
Name (Printed or typed)

3252 TUSCON RD
Address

NORTH PORT FL. 34286
City, State & Zip

941 258 4165
Daytime Telephone number

SONIA BELLAWEAR@MSN.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: SIMPLY FABULOUS OF SW FL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3252 TUSCON RD
NORTH PORT FL. 34286

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALE OF WOMENS CLOTHES AND FASHION ASSORIES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SONIA SIAZ PRES

Address: 3252 TUSCON RD.
NORTH PORT FL. 34286

Name and Title: _____

Address: _____

Name and Title: ROBERT MILLER VICE PRES

Address: 2006 NW EMBERS TER
CAPE CORAL FL. 33993

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: SONIA SIAZ
Address: 3252 TUSCON RD
NORTH PORT. FL. 34286

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: .

Name: SONIA SIAZ
Address: 3252 TUSCON RD
NORTH PORT. FL. 34286

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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

11-13-2007

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

11-14-12

Date