

P13000005887

(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 _____

Special Instructions to Filing Officer:

LISA LaValle
AUTHORIZATION BY PHONE TO GAVE
CORRECT Article I Add
DATE 1/17/13
DOC. EXAM mcs Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
1/17/13

COVER LETTER

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

SUBJECT: Vintage With A Twist Company
(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: Lisa Lavalie
Name (Printed or typed)
15864 Corintha Terrace
Address
Delray Beach, FL 33446
City, State & Zip
561-716-2104
Daytime Telephone number
Lisalavalle@gmail.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: Vintage With A Twist Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15864 Corinthia Terrace
Delray Beach, FL 33446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Selling home made crafts
with the possibility of opening an Etsy.com
store or a retail outlet. The retail outlet would
teach and sell the supplies for the projects

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Lavelle Pres/owner

Address: 15864 Corinthia Ter

Delray Beach FL
33446

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lisa Lavalle

Address: 15864 Corintha Ter
Delray Beach FL 33446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa Lavalle

Address: 15864 Corintha Ter
Delray Beach, FL 3344

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

Lisa Lavalle

Lisa Lavalle
Required Signature/Registered Agent

1/14/13

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.

Lisa Lavalle

Lisa Lavalle
Required Signature/Incorporator

1/14/13

Date

Lisa Lavalle