## P13000012441

(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phone	e #)		
·	☐ WAIT	<u></u>		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLERIDA

2/7 X13 W13-3045

## **COVER LETTER**

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

SUBJECT: Sell	It All Warehous	e, INC	
	(PROPOSED CORPORA	ATË NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED  Lopez  Name (Printed or typed)  Address  ton , florida , 33433  City, State & Zip	
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
FROM: V	/illiam Lopez	e (Printed or typed)	
8	170 thames blvd	•	
bo	oca raton , florida		
<u> </u>	· · · · · · · · · · · · · · · · · · ·		
78	363333149	Talanhana mumhan	
	Daytime	i elephone number	

NOTE: Please provide the original and one copy of the articles.

sellitallwarehouse@gmail.com

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



RECEIVED

2013 FEB -6 PM 4: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 15, 2013

WILLIAM LOPEZ 8170 THAMES BLVD #B BOCA RATON, FL 33433

SUBJECT: SELL IT ALL WAREHOUSE, INC

Ref. Number: W13000003045

We have received your document for SELL IT ALL WAREHOUSE, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 813A00001152

www.sunbiz.org

Division of Communations D.O. DOV 6207 Well-bases Florida 2021

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

The name of the corporat	ion shall be: Sell it All Warehou	se, INC			
	VCIPAL OFFICE Principal street address	]	Mailing address, if different is:		
8170 thames b	olvd #b	4591	sw 127 ct		
boca raton, flo	orida, 33433	miam	miami, florida, 33175		
ARTICLE III PURI The purpose for which the Sell online and	POSE ne corporation is organized is: Buy and buy online.	Sell everyt	hing i can make money off.		
			ACE T		
***************************************	stock is: 100  TAL OFFICERS AND/OR DIRECTOR	<del></del>	FLERIDA  Procident		
Name and Title	William Lopez (president) 8170 thames blvd #B	Name and Title	Fresident		
Address	boca raton florida 33433	Address:			
Name and Title:	Alayn lopez (vice president)	Name and Title	Vice President		
Address	4591 sw 127 ct	Address:			
	miami florida 33175				
Name and Title:		Name and Title			
Address	<u> </u>	Address:			

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:    Address:   4591 sw 127 ct     miami florida 33175	Name an	d Title:	Name and Title:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:    Address:   4591 sw 127 ct     miami florida 33175	Address	<del></del>	Address:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Address:  4591 sw 127 ct  miami florida 33175   ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  William Lopez  Address:  8170 thames blvd #b  boca raton fl 33433  Having been named as registered agent to accept service of process for the above stated corporation at the place designate this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  1/9/13  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				٤. ٠
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Address:  4591 sw 127 ct  miami florida 33175   ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  William Lopez  Address:  8170 thames blvd #b  boca raton fl 33433  Having been named as registered agent to accept service of process for the above stated corporation at the place designate this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  1/9/13  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ARTICLE VI	REGISTERED AGENT	·	됐 <del></del>
The name and address of the Incorporator is:  Name:    William Lopez	<del></del>		of the registered agent is:	SEC S
The name and address of the Incorporator is:  Name:    William Lopez	Name:	alayn lopez		日田田
The name and address of the Incorporator is:  Name:    William Lopez		4591 sw 127 ct		SSIL SO IT
The name and address of the Incorporator is:  Name:  William Lopez  Address:  William Lopez  8170 thames blvd #b  boca raton fl 33433  Having been named as registered agent to accept service of process for the above stated corporation at the place designate this certificate, I am familiar visit and accept the appointment as registered agent and agree to act in this capacity  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		miami florida 33175		TEST TO
Name:  Address:    Address:   8170 thames blvd #b	ARTICLE VII	INCORPORATOR		200 B
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Having been named as registered agent to accept service of process for the above stated corporation at the place designate this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    1/9/13	Name:	William Lopez		
Having been named as registered agent to accept service of process for the above stated corporation at the place designate this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    1/9/13	Address:	8170 thames blvd #b	<u> </u>	$\cdot \dot{i}$
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    1/9/13		boca raton fl 33433	·	
Required Signature/Registered Agent  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.  1/9/13	Having been nan this certificate, I	ned as registered agent to accept service of proce um familiar yith and accept the appointment as r	ess for the above stated cor egistered agent and agree t	poration at the place designated in o act in this capacity
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  1/9/13		Many		1/9/13
document to the Department of Style constitutes a third degree felony as provided for in s.817.155, F.S.  1/9/13		Required Signature/Registered Agent		Date
	I submit this doc document to the l	ument and affirm that the facts stated herein ar Department of State constitutes a third degree fel	re true. I am aware that th ony as provided for in s.817	e false information submitted in a
Required Signature/Incorporator Date		Whape		1/9/13
		Required Signature/Incorporator		Date