

P13000019776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

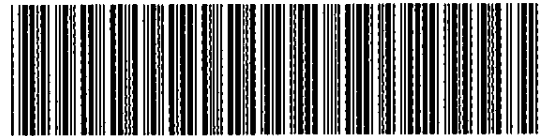
(Business Entity Name)

(Document Number)

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

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02/28/13--01013--019 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 28 AM 11:33

PS 3/1/13

## COVER LETTER

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

SUBJECT: **Faith Creations, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: **Gloria G Mejia Arguello**

Name (Printed or typed)

**410 W Trinidad Ave**

Address

**Clewiston, FL 33440**

City, State & Zip

**863-254-7026**

Daytime Telephone number

**faithcreations13@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)

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**ARTICLE I NAME**

The name of the corporation shall be: Faith Creations, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

410 W Trinidad Ave

Clewiston, FL 33440

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To sell hair bows, hair accessories,  
sandals, tutus, original shirts, and party favors.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Gloria G M Arguello, Owner

Name and Title: \_\_\_\_\_

Address 410 W Trinidad Ave

Address: \_\_\_\_\_

Clewiston, FL 33440

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: 13 FEB 28 AM 11:33

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

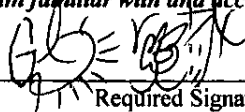
Name: Gloria G M Arguello  
Address: 410 W Trinidad Ave  
Clewiston, FL 33440

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gloria G M Arguello  
Address: 410 W Trinidad Ave  
Clewiston, FL 33440

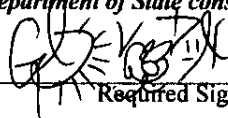
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

2/22/13  
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.*



Required Signature/Incorporator

2/22/13  
Date