

**P13000063787**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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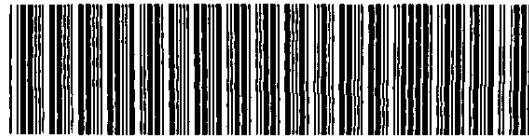
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*h 08/02/13*

## COVER LETTER

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

SUBJECT: **Sofa 2 Sexy Incorporated**

(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: **Kathryn D. Graham**

Name (Printed or typed)

**PO Box 531034**

Address

**Orlando, FL 32853**

City, State & Zip

**407-496-7204**

Daytime Telephone number

**katygraham13@hotmail.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:

**Sofa 2 Sexy Incorporated**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**Kathryn D. Graham**

**Kathryn D. Graham**

**2410 Hargill Drive**

**PO Box 531034**

**Orlando, FL 32806**

**Orlando, FL 32806**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**The purpose is to provide an online body**

**confidence program to women.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**1000**

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

Name and Title: **Kathryn D Graham, CEO**

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

Address

**PO Box 531034**

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

**Orlando, FL 32806**

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

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

Address

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

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

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

Address

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

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**TALLAHASSEE, FLORIDA**

(conti.)

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: Kathryn D Graham

Address: 2410 Hargill Drive

Orlando, FL 32806

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kathryn D. Graham

Address: 2410 Hargill Drive

Orlando, FL 32806

*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*

Kathryn D. Graham  
Required Signature/Registered Agent

7/20/13  
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.*

Kathryn D. Graham  
Required Signature/Incorporator

7/20/13  
Date