P13000088590

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
11)13-56589
ω_{l}

Office Use Only



400252282364

10/09/13--01031--002 **87.50

SECRETARY OF STATE DIVISION OF CORFORALICHS

11/

COVER LETTER

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

SUBJECT:	Sweeter P	liercinas	Inc.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
.			
Enclosed are an ong	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
 5	& Certificate of Status	& Certified Copy	Certified Copy
		,	& Certificate of
			Status
		ADDITIONAL CO	
			-
FROM:	OSCAR C:	frentes	
1 KOM	Namo	e (Printed or typed)	
	JUHI IPPL	10 th St	
		Address	
<u></u>	Fort Lauderd	ale, FL 32	319
	City,	State & Zip	
	(00:1) 0-		
	(454) 8a	a- 7941 elephone number	
	Daytine 1	cicphone namoei	
	SSOCIEVAN	res@amail	(nm
	E-mail address: (to be use	d for future annual report	notification)

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



October 10, 2013

OSCAR CIFUENTES 4441 NW 60TH ST FORT LAUDERDALE, FL 33319

SUBJECT: SWEETER PIERCINGS INC.

Ref. Number: W13000056589

We have received your document for SWEETER PIERCINGS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 913A00023855

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

The name of the corporat	ion shall be: Sweete	er Piercings In	<u>C.</u>
	NCIPAL OFFICE Principal street address	Mailing address, if	different is:
4441 No	u 60th St	,	
Fort laud	lerdale FL		
33319			
The purpose for which the	POSE he corporation is organized is:	The manufacture for body pierc	re (ing) ings.
	-		28 V
			DC OX
			12 PAR
			S CAPPE
ARTICLE IV SHA The number of shares of ARTICLE V INIT		RECTORS	PH 4: 22
Name and Title	: Oscar Cifue	Name and Title:	
Address	(president) 44	•	
	N.W. 60th St		
	Fort lauderdo		
Name and Title	•	Name and Title:	
Address		Address:	
Name and Title	:	Name and Title:	
Address		Address:	

• ;		FIL. SECRETARY DIVISION OF C	EU Y OF STATE ORPORATION
Name and	Title:	Name and Title:	nu l. 22
Address		Address:	8 рм 4: 22
			
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable)	-£4hi	
Name: Address:	OScar Cifuentes 4441 MW 100th St Fort Lauderdove FL 3		
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and add</u>	ress of the Incorporator is:		
Name:	Oscar cifuentes		
Address:	4441 NW 60thst	_	
	Fort Lauderdale FL 3	13319	
Having been name this certificate, I an	d as registered agent to accept service of proce of familiar with and accept the appointment as n	ss for the above stated corpora egistered agent and agree to ac	tion at the place designated in t in this capacity
Corner			10/4/12
	Required Signature/Registered Agent		Date
submit this document to the De	ment and affirm that the facts stated herein an partment of State constitutes a third degree felo	e true. I am aware that the fal my as provided for in s.817.155	ise information submitted in a I, F.S.
Scar G	Required Signature/Incorporator		10/4/13
Hention:	Please make Jan. the above busine	1 1'st effectiv	e date For
	the above busine	25.	

Bea Com