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(Requestor's Name)

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(City/State/Zip/Phone #)

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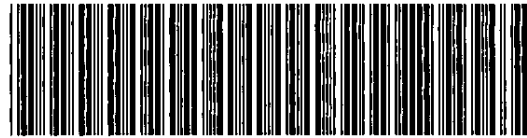
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

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M. SOLOMON

COVER LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FL 32314

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SUBJECT: Sensitivity Solutions, 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
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: Michelle R. Hollister

Name (Printed or typed)

1200 NW 17th Avenue, Suite 12

Address

Delray Beach, Florida 33445

City, State & Zip

561-401-0743

Daytime Telephone number

Michelle@SensitivitySolutions.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:

Sensitivity Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1200 NW 17th Avenue

Suite 12

Delray Beach, Florida 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful purposes

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Alyse November**

Name and Title:

Address

1200 NW 17th Avenue

Address:

Suite 12

Delray Beach, FL 33445

Name and Title: **Michelle R. Hollister**

Name and Title:

Address

1200 NW17th Avenue

Address:

Suite 12

Delray Beach, FL 33445

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FL 32399

(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: Michelle R. Hollister

Address: 1200 NW 17th Ave #12

Delray Beach, FL 33445

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TALLAHASSEE, FL 32399

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michelle R. Hollister

Address: 1200 NW 17th Ave #12

Delray Beach, FL 33445

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

11/11/13
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

11/11/13
Date