

P14000000872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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14 JAN -2 PM 4:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: HBK Soap Company
(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: CATHERINE C. AZMI
Name (Printed or typed)
5345 ASHTON RD
Address
SARASOTA FL 34233
City, State & Zip
973-634 0309
Daytime Telephone number
HBK Killy@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)

ARTICLE I NAME

The name of the corporation shall be: LBK Soap Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5345 ASHTON RD
SARASOTA FL 34233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MANUFACTURE HAND MADE
SOAPS AND SPA CLAY AND DETOX
CLAYS AND SUNDRIES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CATHERINE AZMI ^{President} _{CEO} Name and Title: _____

Address: 5345 ASHTON RD Address: _____
SARASOTA FL
34233

Name and Title: SAMUEL AZMI ^{vice} _{President} Name and Title: _____

Address: 5345 ASHTON RD Address: _____
SARASOTA FL
34233

Name and Title: SARAH AZMI ^{Director of} _{marketing} Name and Title: _____

Address: 5345 ASHTON RD Address: _____
SARASOTA FL
34233

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TALLAHASSEE FLORIDA

(cont)

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: CATHERINE AZMI
Address: 5345 ASHTON RD
SARASOTA FL 34233

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CATHERINE AZMI
Address: 5345 ASHTON RD
SARASOTA FL 34233

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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

Registered Signature/Registered Agent
CATHERINE AZMI

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.

Registered Signature/Incorporator
CATHERINE AZMI

Dec 30, 2013
Date

Dec 30, 2013
Date