

P14000009890

(Requestor's Name)

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTED ARTICLE IV
(SHARES) TO READ "100"
PER TELEPHONE CONVERSATION
WITH MARIA CRIVELLONE.

K 02/04/14

Office Use Only



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01/27/14--01050 -019 **88.00

14 JAN 27 AM 10:11
STATE
TALLAHASSEE, FLORIDA

K 02/04/14

COVER LETTER

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

SUBJECT: SensATIONAL Love Connection, 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: MARIA CRIVELLONE
Name (Printed or typed)

517 SW 19th Street
Address

Boynton Beach, FL 33426
City, State & Zip

561-502-8900 & 561-413-4852
Daytime Telephone number

MARY PARKER561@yahoo.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: Sensational Love Connection
INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

517 SW 19th ST
Boynton Beach, FL 33426

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Entertainment

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA CRIVELLONE Name and Title: _____

Address 517 SW 19th ST Address: _____

Boynton Beach, FL 33426
President

Name and Title: BRIANA T. PARKS Name and Title: _____

Address Secretary Address: _____

517 SW 19th ST
Boynton Beach, FL 33426

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: MARIA Crivellone

Address: 517 SW 19th ST
Boynton Beach, FL 33426

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA Crivellone

Address: 517 SW 19th ST
Boynton Beach, FL 33426

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

Maria Crivellone

Required Signature/Registered Agent

1/20/2014
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.

Maria Crivellone

Required Signature/Incorporator

1/22/2014
Date

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