

P14000011911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

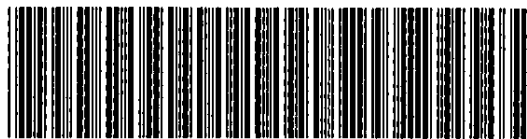
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

ADDED TERM "100" TO  
ARTICLE IV (SHARES) PER  
TELEPHONE CONVERSATION  
WITH SHANIQUE DALEY.

*K* 02/10/14

Office Use Only



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02/03/14--01010--011 \*\*87.50

FILED  
FEB 11 2014  
FBI - TAMPA

14 FEB -3 AM 9:23

*K* 02/10/14

## COVER LETTER

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

SUBJECT: **Love Shay, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **Shanique Daley**

Name (Printed or typed)

**5760 Rock Island Rd, Apt. 314**

Address

**Tamarac, FL 33319**

City, State & Zip

**954-290-7130**

Daytime Telephone number

**loveshayinc@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: Love Shay, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5760 Rock Island Rd., Apt 314

Tamarac, FL 33319

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: retail distribution.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Shanique Daley, Director

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

Address 5760 Rock Island Rd

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

Apt. 314

Tamarac, FL 33319

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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(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:

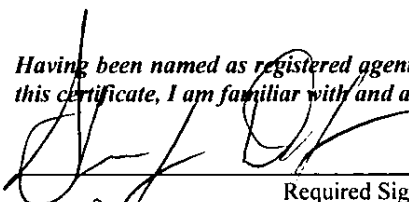
Name: Shanique Daley  
Address: 5760 Rock Island Rd., Apt 314  
Tamarac, FL 33319

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

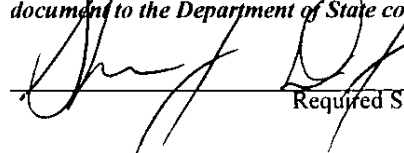
Name: Shanique Daley  
Address: 5760 Rock Island Rd., Apt 314  
Tamarac, FL 33319

*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

1/28/2013  
\_\_\_\_\_  
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

1/28/2013  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA