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(Requestor's Name)

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(City/State/Zip/Phone #)

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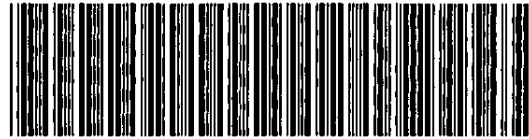
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W14- 12692

K 03/13/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2014

NANCY QUINONES
834 ALPINE CT.
KISSIMMEE, FL 34758

SUBJECT: CONCEPTS OF LUXURY ELEGANT LIVING INC.
Ref. Number: W14000012692

RECEIVED
14 MAR 12 PM 12:24
SEC. OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CONCEPTS OF LUXURY ELEGANT LIVING 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 contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 614A00004340

COVER LETTER

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

SUBJECT: Concepts of luxury elegant living 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: Nancy Quinones

Name (Printed or typed)

834 Alpine Ct.

Address

Kissimmee 34758

City, State & Zip

407-340-8730

Daytime Telephone number

nquinones2000@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: Concepts of luxury elegant living Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

834 Alpine Ct.

Kissimmee FL 34758

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Interior decorating consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nancy Quinones

Name and Title: _____

Address 834 Alpine Ct.

Address: _____

Kissimmee FL 34758

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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: Cila Pietra

Address: 2361 Oak Park way

Orlando, FL 32822

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nancy Quinones

Address: 834 Alpine Ct.

Kissimmee FL 34758

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TALLAHASSEE, FLORIDA

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

Cila Pietra

Required Signature/Registered Agent

3-7-14

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.

Nancy Quinones

Required Signature/Incorporator

2-19-14

Date