

From:

Division of Corporations

04/23/2014

15:35

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2014 APR 23 PM 12:36

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

Start Samll, Dream Big II, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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SECRETARY OF STATE
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From:

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#965 P.002/004

850-817-8381

4/23/2014 11:24:26 AM PAGE

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Fax Server



April 23, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERT/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: START SMALL, DREAM BIG II, INC

REF: W14000025756

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

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Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000095345
Letter Number: 114A00008666

From:

04/23/2014 13:35

#965, P. 003/004

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SECRETARY OF STATE
DIVISION OF CORPORATION

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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: Start Small, Dream Big II, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

601 South West Romora Bay

Port Saint Lucie, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To due direct selling for Lia Sopia jewelry.

ARTICLE IV SHARES 200

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mildred Booth - President

Name and Title: _____

Address 601 South West Romora Bay

Address: _____

Port Saint Lucie, FL 34986

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

From:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 APR 23 PM 12:36

(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: Mildred Booth

Address: 601 South West Romora Bay

Port Saint Lucie, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mildred Booth

Address: 601 South West Romora Bay

Port Saint Lucie, FL 34986

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

Mildred Booth
Required Signature/Registered Agent

4/2/2014

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.

Mildred Booth
Required Signature/Incorporator

4/2/2014

Date