P14000053342

(Our and de Name)				
(Requestor's Name)				
(Address)				
(Audiess)				
´(Address)				
(City/State/Zip/Phone #)				
(Oily/Gate/Zip/Filone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Bayww344180/3/14
B6/19/14



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05/30/14--01006--003 **78.75



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2014

NATALIE DALEY 6611 SW 26 COURT MIRAMAR, FL 33023

SUBJECT: POSHING PUMPS INC. Ref. Number: W14000034478

We have received your document for POSHING PUMPS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 114A00011951

D' '.'... CO......t'.... DO DOV 6997 Wellshages Florida 999

Reference #W14000034478 Att: Mr. Scott

COVER LETTER

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

SUBJECT: POS	SHING PUMPS I	nc.	
50D0EC1.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l 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 CO	PY REQUIRED
FROM: N	atalie Daley	(Printed or typed)	
66	611 sw 26 court		
	, i	Address	
M	iramar,Fl 33023		
 	City,	State & Zip	
23	396920955		
	Daytime T	elephone number	
po	oshingpumps@g	mail.com	
	E-mail address: (to be use	d 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)

TICLE I NA	POSHING PUI	MPS Inc.	
	UNCIPAL OFFICE		
2007 8118/	Principal street address	Mailing address, if different is:	
18297 NW 61st Place		6611 sw 26 court	
/liami Lakes,Fl 33015		Miramar, Fl 33023	
•			
TICLE III PU			
· ·	the corporation is organized is:	adle wemen appearing	
	ion is a online boutique that s		
uch as sh	oes, jewelry and clothing	ng.	
TICLE IV SE	IARES 100		
number of shares of	of stock is: TOO		
number of shares of	of stock is: TOO ITIAL OFFICERS AND/OR DIRECTOR Natalie Daley Owner/President/Office		
number of shares of	TTIAL OFFICERS AND/OR DIRECTOR Natalie Daley Owner/President/Office 6611 SW 26 COURT		
TICLE V IN	of stock is: TOO ITIAL OFFICERS AND/OR DIRECTOR Natalie Daley Owner/President/Office	Name and Title:	
TICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR Natalie Daley Owner/President/Office 6611 SW 26 COURT	Name and Title:	
TICLE V IN Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTOR Natalie Daley Owner/President/Office 6611 sw 26 court Miramar, Fl 33023	Name and Title: Address:	
TICLE V IN Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTOR Natalie Daley Owner/President/Office 6611 sw 26 court Miramar, Fl 33023	Name and Title: Address:	
TICLE V IN Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTOR Natalie Daley Owner/President/Office 6611 sw 26 court Miramar, Fl 33023	Name and Title: Address: Name and Title:	
TICLE V IN Name and Ti Address Name and Tit	TTIAL OFFICERS AND/OR DIRECTOR Natalie Daley Owner/President/Office 6611 sw 26 court Miramar, Fl 33023	Name and Title: Address: Name and Title:	
TICLE V IN Name and Ti Address Name and Tit	TTIAL OFFICERS AND/OR DIRECTOR Natalie Daley Owner/President/Office 6611 sw 26 court Miramar, Fl 33023	Name and Title: Address: Name and Title: Address: Address:	
TICLE V IN Name and Ti Address Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR Natalie Daley Owner/President/Office 6611 sw 26 court Miramar, F1 33023	Name and Title: Address: Name and Title: Address: Address:	
TICLE V IN Name and Ti Address Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR Natalie Daley Owner/President/Office 6611 sw 26 court Miramar, F1 33023	Name and Title: Address: Name and Title: Address: Address:	
TICLE V IN Name and Ti Address Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR Natalie Daley Owner/President/Office 6611 sw 26 court Miramar, F1 33023	Name and Title: Address: Name and Title: Address: Name and Title:	

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Natalie Daley	
Address:	6611 sw 26 court	
	Miramar, FI 33023	
ARTICLE VII	INCORPORATOR	PM P
The name and ad	ldress of the Incorporator is:	
Name:	Natalie Daley	2
Address:	6611 sw 26 court	_
	Miramar, Fl 33023	-
	ned as registered agent to accept service of proces. am familiar with and accept the appointment as rej	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
4.0	dally	06/12/2014
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false information submitted in any as provided for in s.817.155, F.S.
1.0	dally	06/12/2014
	Required Signature/Incorporator	Date