

PAD000075064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

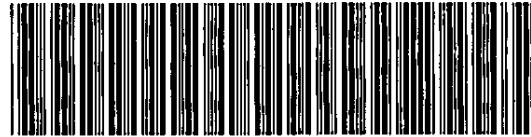
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/09/14--01002--022 **75.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: ShopChicEQ, 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
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 COPY REQUIRED

FROM:

Michele K Hundt

Name (Printed or typed)

13321 Polo Club Rd #C103

Address

Wellington FL 33414

City, State & Zip

561-319-2121

Daytime Telephone number

mkhundt@juno.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: ShopChicEQ, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13321 Polo Club Rd
#C103
Wellington FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michele K Hundt

Name and Title: Director

Address: 13321 Polo Club Rd

Address: 13321 Polo Club Rd

#C103

#C103

Wellington FL 33414

Wellington FL 33414

Name and Title: Mary Cameron Rollins

Name and Title: Director

Address: 13563 Chatsworth Village

Address: 13563 Chatsworth Village dr.

Wellington, FL 33414

Wellington, FL 33414

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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STATE
HALL
TALLAHASSEE FLORIDA

(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:

Doug Hundt

Address:

13321 Polo Club Rd #C103
Wellington FL 33414

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

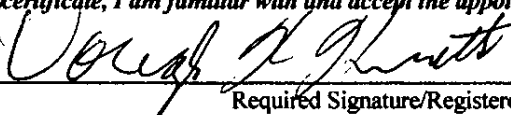
Name:

Michele Hundt

Address:

13321 Polo Club Rd #C103
Wellington FL 33414

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

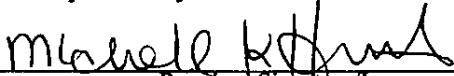


Required Signature/Registered Agent

9/4/2014

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.



Required Signature/Incorporator

9/4/2014

Date

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SECRET
MAIL ROOM
FLORIDA