

P14000086375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 21 PM 2:30

OCT 22 2014

T. SCOTT

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 ext.102 FAX: (800) 388-0330
EMAIL: jenny@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE: OCT. 15, 2014

FROM: JENNY CHACON

Client Matter: 5099719

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: **XSHAPE30, INC**

Enclosed is one of the following: **(X) ARTICLES OF
INCORPORATION**

Return request with filing: **(1) Endorsed Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (4)

****Fax/Email a copy of the filed documents upon acceptance of filing****

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET, COMMERCE, CA 90040****

****PLEASE CONFIRM UPON RECEIVED DOCUMENTS****

NOTE(S):
CHECK# 757590 \$78.75(FILING FEE & CERTIFIED COPY)

COVER LETTER

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

SUBJECT: XSHAPE30, 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: JENNY CHACON

Name (Printed or typed)

5668 E. 61ST STREET

Address

COMMERCE, CA 90040

City, State & Zip

800-462-5487 EXT 102

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:

The principal place of business/ mailing address is:

The purpose for which the corporation is organized is:

The number of shares of stock is:

List name(s), address(es) and specific title(s):

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

The name and address of the Incorporator is:

 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

10/8/14
Date