P1400008644A

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only

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COVER LETTER

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

SUBJECT: Simply Widdings by Amanda Inc. GROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)							
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation an	d a check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED				
FROM: Amanda Polatty Name (Printed or typed) 13853 Haybor Welk Place							
***************************************	Jacksonville, Fl	Address	<u> </u>	14 0			
	904.30	State & Zip 3 · 9588 elephone number	50 mm 67 km 67 km 67 km 67 km 67 km	FILED			

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

E-mail address: (to be used for future annual report notification)

Ormandapolatty Egmail, com

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2014

AMANDA POLATTY 13853 HARBOR CREEK PLACE JACKSONVILLE, FL 32224

SUBJECT: SIMPLY WEDDINGS BY AMANDA, INC

Ref. Number: W14000061445

We have received your document for SIMPLY WEDDINGS BY AMANDA, 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.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 714A00021548

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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:	ply Weddings by Amanda, Inc.			
ARTICLE II PRINCIPAL OFFICE				
Principal <u>street</u> address	Mailing address, if different is:			
13853 Haybor Creek Pl	<u> </u>			
Jacksonville, FL				
32224				
The purpose for which the corporation is organiz	ed is: FOR profit. and Wedding and			
Eveny	-planning.			
	J			
	•			
ARTICLE IV SHARES				
The number of shares of stock is:	1 shares of stock.			
ARTICLE V INITIAL OFFICERS AND	VOR DIRECTORS			
Name and Title: Amanda Polatto				
	(NO. V DAGA			
Jacksonville, 1 322				
<i>\tag{\sqrt{VV}}</i>	<u></u>			
Name and Title:	Name and Title:			
	Address:			
				
Name and Title:	Name and Title:			
Address	Address:			
	· · · · · · · · · · · · · · · · · · ·			
				

FILED
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SEDERINGS OF MARK

Name ar	nd Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT Storida street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name:	Amanda Polatty	of the registered agent is.
Address:	1	_
	13853 Harbor treek Place Jacksonville, FL 32224	_
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	Amanda Polatty	
Address:	13853 Harbor Creek Place	<u>.e</u>
	Jacksonville, FL 32224	Ł
Having been na this certificate, I	med as registered agent to accept service of proces am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
		10.1.14
	Required Signature Registered Agent	Date
I submit this do	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
	Required Signature/Incorporator	10.1.14
	Required Signature/Incorporator	Date