

P14 000099401

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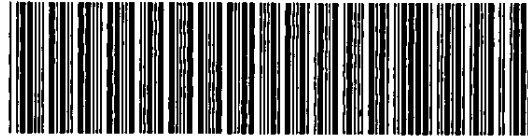
(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 DEC 11 PM 3:14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 24, 2014

IVAN POWELL  
1662 SW ALVERTON AVE  
PORT ST LUCIE, FL 34953

SUBJECT: LONDON SHOP LTD.  
Ref. Number: W14000070578

We have received your document for LONDON SHOP LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 414A00024917

## COVER LETTER

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

**SUBJECT:** LONDON SHOP LTD. ;

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

**FROM:** IVAN C POWELL  
Name (Printed or typed)

1662 SW ALVERTON AVE  
Address

PORT ST. LUCIE FLORIDA 34953  
City, State & Zip

561-284-0662  
Daytime Telephone number

ivan2powell@yahoo.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  
OF  
LONDON SHOP INC.**

**ARTICLE I**

**NAME OF CORPORATION:** The name of the Corporation shall be: THE LONDON SHOP INC.

**ARTICLE II**

**THE ADDRESS OF THE CORPORATION:** The initial address shall be: 1662 SW Alvaton Avenue, Port Saint Lucie, Florida 34953.

**ARTICLE III**

**NAME AND ADDRESS OF THE PRESIDENT:** The President is: Ivan C. Powell, his address is 1662 SW Alvaton Avenue, Port Saint Lucie, Florida 34953.

**ARTICLE IV**

**NAME AND ADDRESS OF THE SECRETARY:** The Secretary is: Jamie Powell, 3468 Fire Oak Drive, Decatur, Georgia 30032.

**ARTICLE V**

**NAME AND ADDRESS OF THE TREASURER:** The Treasurer is: Suzanne N. Powell, 1662 SW Alvaton Avenue, Port Saint Lucie, Florida 34953.

**ARTICLE VI**

**THE PURPOSE OF THE CORPORATION:** The Corporation shall be a for-profit entity. The primary function shall be the procurement of goods and services for resale to the continental United States to the general public market source. To procure goods and services from United States wholesale purveyors and to import goods and services as needed. To export some goods and services to other countries. The Corporation shall reserve the right to participate in any legal activities that may be deemed profitable and/or deemed in the interest of the Corporation. The Company shall exercise the right to have, hold and offer common par or non-par stock shares: in the initial stages the Company will establish 250,000 common stock at \$1.00 (one United States dollar).

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## ARTICLE VII

**THE DURATION OF THE CORPORATION:** The Corporation shall be recognized as an entity upon the date of registration in the Florida Department of State, Division of Corporations and shall exist thereafter as an entity perpetually.

## ARTICLE VIII

**THE NAME AND ADDRESS OF THE REGISTERED AGENT (R.A.):** The registered Agent shall be Ivan C. Powell, 1662 SW Alvaton Avenue, Port Saint Lucie, Florida 34953.

## CERTIFICATION:

I HEREBY CERTIFY and say: that I fully understand the role and responsibilities of the Registered Agent and I hereby further state that I accept the position and therefore affix my signature to this section of the document.

Signed by:

  
R.A. Ivan C. Powell

Dated:

11/18/2014

## ARTICLE IX

**NAME AND ADDRESS OF INCORPORATOR:** Name is Ivan C. Powell, 1662 SW Alvaton Avenue, Port Saint Lucie, Florida 34953.

Signed by:

  
Incorporator: Ivan C. Powell

Dated:

11/18/2014