

P15000006483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

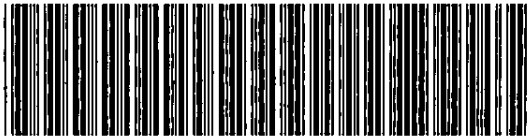
Certified Copies _____ Certificates of Status _____

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01/20/15--01008--010 **78.75

15 JAN 20 PM 1:22
RECEIVED
DIVISION OF REVENUE
TAX SERVICES

COVER LETTER

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

SUBJECT: Jessica Delli Paoli 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: Jessica Delli Paoli
Name (Printed or typed)
5718 Bandera Springs Circle
Address
Riverview, FL 33578
City, State & Zip
8134006780
Daytime Telephone number
jessica@strongerpulse.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 Jessica Delli Paoli *Inc.*
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
5718 Bandera Springs Circle
Riverview, FL 33578

ARTICLE III PURPOSE providing professional personal assistant services
The purpose for which the corporation is organized is: _____

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ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Jessica Delli Paoli CEO	Name and Title:	_____
Address	5718 Bandera Springs Circle	Address:	_____
	Riverview, FL 33578		_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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: Jessica Delli Paoli
Address: 5718 Bandera Springs Circle
Riverview, FL 33578

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jessica Delli Paoli
Address: 5718 Bandera Springs Circle
Riverview, FL 33578

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

Jessica Delli Paoli
Required Signature/Registered Agent

1/15/15
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.

Jessica Delli Paoli
Required Signature/Incorporator

1/15/15
Date