# P 1500039936

(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	ısiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

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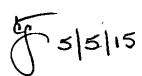
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15 MAY -4 AM 8: 48

RESIDENT OF STATE

RESID



### **COVER LETTER**

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

## SUBJECT: My Wedding Favors Etc and Party Favors Etc, 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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Je	essica Preciado	(Printed or typed)			
P	O Box 88125	ddress			
Po	ort Saint Lucie Fl			귦	
77	City, S 72 380 4872	state & Zip		₹.	T
sa	Daytime Te les@mywedding E-mail address: (to be used	favorsetc.com for future annual report r	notification)	_	
			C.D. (22)		

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



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### FLORIDA DEPARTMENT OF STATE Division of Corporations SEDRETARY OF STATE TALL AHASSEE, FLORIDA

April 27, 2015

JESSICA PRECIADO POST OFFICE BOX 88125 PORT SAINT LUCIE, FL 34988

SUBJECT: MY WEDDING FAVORS ETC & PARTY FABORS ETC

Ref. Number: W15000029482

We have received your document for MY WEDDING FAVORS ETC & PARTY FABORS ETC 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The effective date is not acceptable since it is not within five working days of the date of receipt.

The effective date must be in the Articles of Incorporation.

Please list the street address of each officer/director.

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: 615A00008544

Division of Corporations D.O. POY 6227 Tallahassas Florida 22214

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

FILED

	E My Wedding Fav		FAIL BLACKER
TICLE II PRIN	Principal street address	Mailing addre	SECRETARY OF STALL AHASURE, FLORess, if different is:
451 NE 22nd Ave			
eechobee, Fl 34972		PO BOX 88125	
		Port Saint Lucie, Fl 34	1988
TICLE III PURF purpose for which	POSE the corporation is organized is:	Drop ship Internet Business and any and al	I Lawful Business.
TICLE IV SHAF number of shares o	RES 1 f stock is:		
TICLE V INITI	f stock is:	<u>ECTORS</u>	
number of shares o	f stock is:		
number of shares o	f stock is:	Name and Title:Address:	
number of shares o TICLE V INITI Name and Tit	f stock is:	Name and Title:	•
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number of shares of TICLE V INITI  Name and Tit  Address  Name and Title  Address	f stock is:  AL OFFICERS AND/OR DIRI  Le:  13451 NE 22nd Ave  Okeechobee, FI 34972	Name and Title:  Address:  Name and Title:  Address:  Address:	

Name and Title:		Name and Title:	
Addre	ess	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT accept JESSICA PRECIADO	able) of the registered agent is:	
	13451 NE. 22ND AVE.		
Address:	OKEECHOBEE FL 34972	—— ——	
	INCORPORATOR		
	address of the Incorporator is:  JESSICA PRECIADO		
Name:	13451 NE 22ND AVE.		
Address:	OKEECHOBEE FL 34972	<b>8</b>	
Effective date, (If an effective days after the Note: If the da	filing.)	cannot be more than five business days prior or 90 business licable statutory filing requirements, this date will not be listed as	
Having been no this certificate,	amed as registered agent to accept service of p I am familiar with ofte accept the appointment	process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity	
	Usion Kecian	04/30/15	
I submit this de	Required Signature/Registered Age		
document to the	cument and affirm that the facts stated nevel e Department of State constitutes a third degre	in are true. I am aware that the false information submitted in a efelony as provided for in s.817.155, F.S.	
4	errice therear	04/30/15	
Req	uired Signature/Incorporator	Date	