## P1500012322

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

MAY 1 2 2014 T. SCOTT



300272440753

05/06/15--01022--009 \*\*87.50

15 HAY -6 AM 11: 20

## **COVER LETTER**

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

SUBJECT: Con	nplete Girl Friday, Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation and	d a check for:
Siling Fed	0 □ \$78.75 e Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Suzanne Smith Nam 31709 Shin Court	e (Printed or typed)	
-		Address	
,	Wesley Chapel, Florida 33545		
-	City	, State & Zip	
;	8137277421		
•	Daytime 1	Celephone number	
C	completegirlfriday@gmail.com		
-	E-mail address: (to be use	d 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)

<u>RTICLE II PRI</u>	NCIPAL OFFICE Principal street address	Mailing address,	if different is:
709 Shin Court, W	esley Chapel Forida 33545		
RTICLE III PUR he purpose for whic	POSE h the corporation is organized is:  The corporation is United States and of the state of Florida.	<del></del>	business permittted
ne number of shares	of stock is:		
ne number of shares	of stock is:  TIAL OFFICERS AND/OR DIRECTORS  itle: President / Diector Suzanne Smith	Name and Title:	
ne number of shares  RTICLE V INIT  Name and T	of stock is:  TIAL OFFICERS AND/OR DIRECTORS  itle: President / Diector Suzanne Smith		→ .33 C7
ne number of shares  RTICLE V INIT  Name and T  Address	TIAL OFFICERS AND/OR DIRECTORS itle:  31709 Shin Court	Name and Title:Address:	ゴ グ フ ジ ス ス ス ス ス ス ス ス ス ス ス ス ス ス ス ス ス ス
Name and T Address	TIAL OFFICERS AND/OR DIRECTORS itle:  President / Diector Suzanne Smith  31709 Shin Court  Wesley Chapel Florida 33545	Name and Title: Address:  Name and Title: Address:	15 MY - 6 AH 11: 20
Name and T  Address  Name and T  Address	TIAL OFFICERS AND/OR DIRECTORS  President / Diector Suzanne Smith  31709 Shin Court  Wesley Chapel Florida 33545  Grand	Name and Title:  Address:  Name and Title:  Address:	15 MAY - 6 AM 11: 20

Name ar	nd Title:	Name and Title:
Address	s	Address:
	<u>REGISTERED AGENT</u> Torida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Suzanne Smith	The registered agent is.
Address:	31709 Shin Court	_
	Wesley Chapel Florida 33545	<u> </u>
ARTICLE VII	<u>INCORPORATOR</u>	
	address of the Incorporator is:	
Name:	Suzanne Smith	_
Address:	31709 Shin Court	_
	Wesley Chapel Florida 33545	<del>-</del>
ARTICI E VIII	EFFECTIVE DATE: May 1 2015	
Effective date, i	f other than the date of filing:	. (OPTIONAL) of be more than five business days prior or 90 business
days after the f		
	te inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been no this certificate,	amed as registered agent to accept service of proces. Lam familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
	Required Signature/Registered Agent	5-/-/5 Date
		true. I am aware that the false information submitted in a
document to the	Department of State constitutes a third degree felor	ny as provided for in s.817.155, F.S.
Reg	MUL (. Multiple Signature / Incorporator	Date