

P15000045508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/02/15--01028--001 **78.75

FILED
15 MAY 20 PM 2:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W15000045508



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2015

JACQUELINE ADAMS
P.O. BOX 16005
PLANTATION, FL 33318

SUBJECT: THE LEOTARD SHOP CO.
Ref. Number: W15000009868

We have received your document for THE LEOTARD SHOP CO. 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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: 215A00002790

Called & is fixing

COVER LETTER

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

SUBJECT: The Leotard Shop co.
 (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

☐ \$87.50
 Filing Fee,
 Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jacqueline Adams
 Name (Printed or typed)

P.O. Box 16005
 Address

Plantation, FL 33318
 City, State & Zip

(305) 896-9298
 Daytime Telephone number

Leotard Shop@gmail.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

The name of the corporation shall be: The Leotard Shop Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8120 Cleary blvd #1214
Plantation, FL 33324

7580 N.W 5th St 16005
Plantation, FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Selling mommy & me
leotards and headwraps.

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

president
Name and Title: Jacqueline Adamo
Address: 7580 N.W 5th St
16005
Plantation, FL 33317

Name and Title: Rafael Andrade / Vice Presic
Address: 7580 N.W 5th St
16005
Plantation, FL 33317

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: Rafael Andrade

Address: 18951 SW 74th Ave

Cutler Bay, FL 33157

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jacqueline Adams

Address: 7580 N.W 5th St 16006

Plantation, FL 33317

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

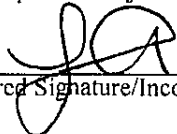


Required Signature/Registered Agent

05/21/15

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.



Required Signature/Incorporator

05/21/15

Date