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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6:50 PM JUL 13 2015

COVER LETTER

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

SUBJECT: Shari's Scrubs, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Shari Santos
Name (Printed or typed)

14427 Tangerine Blvd.
Address

Loxahatchee, FL 33470
City, State & Zip

(954) 621-6096
Daytime Telephone number

sheabme@aol.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:

Shari'e Scrubs, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14427 Tangerine Blvd
Loxahatchee, FL 33470

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide quality
care for professionals in the Medical
field.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Shari Santos / owner

Name and Title:

Address

14427 Tangerine Blvd
Loxahatchee, FL
33470

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Shari Santos
Address: 14427 Tangerine Blvd.
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shari Santos
Address: 14427 Tangerine Blvd.
Loxahatchee, FL 33470

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

Shari Santos

Required Signature/Registered Agent

6/28/15
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.

Shari Santos

Required Signature/Incorporator

6/28/15
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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