



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2015

DETALKS INC
18851 NE 29TH AVE
STE 700
AVENTURA, FL 33180 US

SUBJECT: DETALKS INC
Ref. Number: W15000049936

We have received your document for DETALKS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the title(s) of each officer in your document.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

Letter Number: 515A00015585

COVER LETTER

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

15 AUG -7 PM 12:38

SUBJECT: DETALKS 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
Paid. 7/20/15.

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: DETALKS INC
Name (Printed or typed)

18851 NE 29TH AVE STE 700
Address

AVENTURA, FL 33180
City, State & Zip

305.205.5371
Daytime Telephone number

mishaan.lilianne@gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
15 AUG 10 PM 1:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

DETALKS INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

18851 NE 29TH AVE STE 700

AVENTURA, FL 33180

ARTICLE III PURPOSE

Health-Nutrition

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lillianne Mishaan - President

Name and Title: _____

Address 18851 NE 29TH AVE STE 700

Address: _____

AVENTURA, FL 33180

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 AUG - 7 PM 12: 00

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: Lilianne Mishaan
 Address: 18851 NE 29TH AVE STE 700
AVENTURA, FL 33180

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 15 AUG - 7 PM 12: 00

ARTICLE VII INCORPORATOR

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

Name: Lilianne Mishaan
 Address: 18851 NE 29TH AVE STE 700
AVENTURA, FL 33180

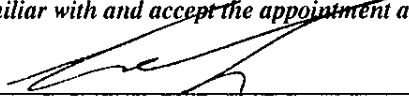
ARTICLE VIII EFFECTIVE DATE:

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

8/4/15

 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

8/4/15

 Date