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(City/State/Zip/Phone #)

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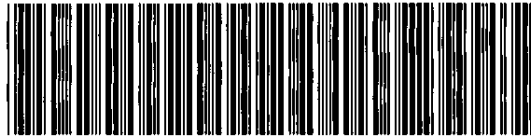
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*Exquisite Affairs & Things, 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

\$67.50  
Filing Fee;  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: \_\_\_\_\_

*Aerhea S. Williams*

Name (Printed or typed)

*2889 Thornton Road*

Address

*Tallahassee*

City, State & Zip

*(850) 559-5842*

Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

SEP 11 11 33 AM  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

15 SEP 11 PM 3:38

APPROVED  
AND  
FILED

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:

Exquisite Affairs & Things, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2889 Thornton Road  
Tallahassee, Florida 32308

2895 Thornton Road  
Tallahassee, Florida 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting, Events, Project Management  
and Writing. To include, but not limited to, Educational and  
Consulting Services/Events, Professional and Special Events, Coordination  
and designing of Events and Projects, and Contract Management as  
applicable related to the mentioned. Retail

ARTICLE IV SHARES

The number of shares of stock is:

One hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Arreka S. Williams

Name and Title:

President + C.E.O.

Address

2889 Thornton Road  
Tallahassee, Florida  
32308

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

15 SEP 11 PM 3:31  
FILED  
CLERK OF DISTRICT COURT  
JANUARY 11 2011

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: Arreka S. Williams  
Address: 2889 Thornton Road  
Tallahassee, Florida 32308

**ARTICLE VII INCORPORATOR**

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

Name: Arreka S. Williams  
Address: 2889 Thornton Road  
Tallahassee, Florida 32308

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: September 12, 2015 (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

Arreka S. Williams  
Required Signature/Registered Agent

September 11, 2015  
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.

Arreka S. Williams  
Required Signature/Incorporator

September 11, 2015  
Date

15 SEP 11 PM 3:33  
FILED  
TALLAHASSEE, FLORIDA  
DEPT. OF STATE