

P 15000100465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

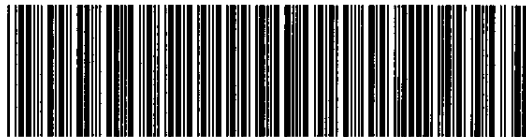
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400279986954

12/14/15--01035--014 **87.50

FILED
15 DEC 14 PM 12:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

JP
12/22/15

COVER LETTER

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

SUBJECT: Dolce L'Amour 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Anna E. Zalewski

Name (Printed or typed)

15970 Grasshopper Court

Address

Fort Myers, Florida 33912

City, State & Zip

239-634-0019

Daytime Telephone number

DolceLamour@gmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC 14 PM 12:09

FILED

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: Dolce L'Amour Inc.

FILED

15 DEC 14 PM 12:09

ARTICLE II PRINCIPAL OFFICE

Principal street address
15970 Grasshopper Court Fort Myers Florida 33912

Mailing address, if different is: STATE OF FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide new and innovative products

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anna E. Zalewski, President

Name and Title: _____

Address 15970 Grasshopper Court
Fort Myers, Florida 33912

Address: _____

Name and Title: Christina Crawfis

Name and Title: _____

Address 15970 Grasshopper Court
Fort Myers, Florida 33912

Address: _____

Name and Title: Kyle Zalewski

Name and Title: _____

Address 15970 Grasshopper Court
Fort Myers, Florida 33912

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: Anna E. Zalewski

Address: 15970 Grasshopper Court

Fort Myers, Florida 33912

ARTICLE VII INCORPORATOR

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

Name: Anna E. Zalewski

Address: 15970 Grasshopper Court

Fort Myers, Florida 33912

FILED
15 DEC 14 PM 12: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

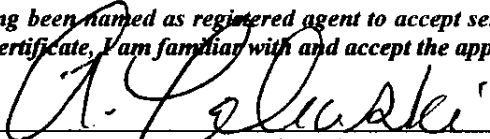
ARTICLE VIII EFFECTIVE DATE:

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

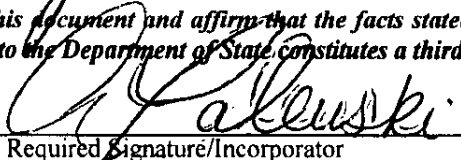


Required Signature/Registered Agent

9-21-2015

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.



Required Signature/Incorporator

9-21-2015

Date