

P16000025752

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 3/22

## COVER LETTER

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

SUBJECT: Ele Originals, 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: Ellen Robinson  
Name (Printed or typed)

4222 SE 6<sup>th</sup> Place  
Address

Cape Coral, Fla. 39904  
City, State & Zip

989-233-3398  
Daytime Telephone number

ellrobins9@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: Ele Originals, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4222 SE 6<sup>th</sup> Place

Cape Coral, Fla. 39904

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY ACTIVITY WITHIN THE PURPOSE  
FOR WHICH CORPORATIONS MAY BE FORMED UNDER THE BUSINESS  
CORPORATION ACT OF FLORIDA.

SECTION 1244 OF THE IRS CODE IS TO APPLY.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ellen Robinson, President Name and Title: \_\_\_\_\_

Address 4222 SE 6<sup>th</sup> Place Address: \_\_\_\_\_  
Cape Coral, Fla. 39904

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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16 MAR 14 PM 2:32  
CLERK OF CIRCUIT COURT  
FLORIDA  
TALLAHASSEE

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: Ellen Robinson  
Address: 4222 SE 6<sup>th</sup> Place  
Cape Coral, Fla. 39904

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Ellen Robinson  
Address: 4222 SE 6<sup>th</sup> Place  
Cape Coral, Fla. 39904.


**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*

 3-1-16  
Required Signature/Registered Agent 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.*

 3-1-16  
Required Signature/Incorporator Date