

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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06/30/16--01002--003 **87.50

COVER LETTER

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

	EILLY INC		
Scholler.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	JDE SUFFIX)
		,	
Enclosed are an orig	inal and one (1) copy of the art	cicles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: TE	RI O'REILLY Nam	e (Printed or typed)	
122	7 NW 4TH AVENUE	e (Frince of Gypea)	
		Address	
DE	LRAY BEACH, FL 33444		
	City	, State & Zip	
561	-886-7070		
	Daytime [*]	Telephone number	
TJC	DREILY5@AOL.COM		
	E-mail address: (to be use	ed 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)

The name of the corporat	ion shall be:		
ARTICLE II PRINC	<u>TPAL OFFICE</u> Principal <u>street</u> address	Mailing	address, if different is:
DELRAY BEACH, FL			
	PROFI ne corporation is organized is:	T, CONSULTING WITH WHO	OLESALE AND RETAIL SALE
ARTICLE V INITIA	ES 100 (ONE HUNDRED) stock is: LOFFICERS AND/OR DIRECTORS]	
Name and Title Address	: TERI O'REILLY 1227 NW 4TH AVENUE		
Audress	DELRAY BEACH, FL 33444	Address.	
Name and Title:			
Address		Address:	JUN 70
Name and Title:		. Name and Title:	PH 2: 21
Address		Address:	
			in Sec. 1 To Sec. 10 19 February

Name a	nd Title:	Name and Title:
Addres	<u></u>	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	able) of the registered agent is:
Name:	TERI O'REILLY	,
Address:	1227 NW 4TH AVENUE	
11000	DELRAY BEACH, FL 33444	
		
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	TERI O'REILLY	
Address:	1227 NW 4TH AVENUE	
	DELRAY BEACH, FL 33444	
		
ARTICLE VIII	EFFECTIVE DATE: 06-01-16	
Effective date, if	f other than the date of filing:	(OPTIONAL) cannot be more than five business days prior or 90 bus
days after the f	iling.)	• •
Note: If the date	e inserted in this block does not meet the applieffective date on the Department of State's rec	icable statutory filing requirements, this date will not be li
the decament 5	oriented date on the Department of State 3 fee	Arus.
		process for the above stated corporation at the place desig t as registered agent and agree to act in this capacity
inis cerujicaie, a	am jamunar wun ana accept the appointment	as registered agent and agree to uct in this capacity
	Required Signature/Registered Ager	nt Date
		in are true. I am aware that the false information submi
i suomii inis ao		
document to the	Department of State constitutes a third degree	e felony as provided for in s.817.155, F.S.

A Commence