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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

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MAIL

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 JUL 28 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** S.A.R.A. Essentials, 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  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Shane A. Ahalt  
\_\_\_\_\_  
Name (Printed or typed)  
  
2634 Sherrilane Dr.  
\_\_\_\_\_  
Address  
  
Cantonment, FL 32533  
\_\_\_\_\_  
City, State & Zip  
  
760-525-2304  
\_\_\_\_\_  
Daytime Telephone number  
  
heloman996@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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**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: S.A.R.A. Essentials, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal <b>street</b> address	Mailing address, if different is:
<u>2634 Sherrilane Dr.</u>	<u></u>
<u>Cantonment, FL 32533</u>	<u></u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in any lawful business activity in which corporations may be incorporated in this state.

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>Shane A. Ahalt, President</u> Address: <u>2634 Sherrilane Dr.</u> <u>Cantonment, FL 32533</u>	Name and Title: <u>Alica Ahalt, Vice President</u> Address: <u>2634 Sherrilane Dr.</u> <u>Cantonment, FL 32533</u>
Name and Title: _____ Address: _____	Name and Title: _____ Address: _____
Name and Title: _____ Address: _____	Name and Title: _____ 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: Colette Perry  
 Address: 510 Lost Key Dr  
Pensacola, FL 32507

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Colette Perry  
 Address: 510 Lost Key Dr  
Pensacola, FL 32507

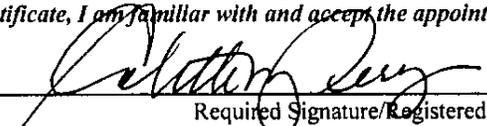
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/25/2016. (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*

 07/25/2016  
 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.*

 07/25/2016  
 Required Signature/Incorporator Date