

P16000065378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

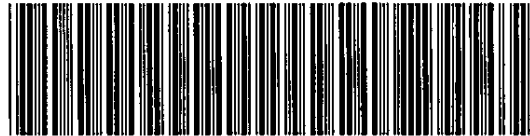
Special Instructions to Filing Officer:

W1600032626

Office Use Only

AUG 10 2016

T. SCOTT



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2016

SHELLY LLEWELLYN
8103 SOUTHGATE BLVD
NORTH LAUDERDALE, FL 33068

SUBJECT: SHELLY'S LOVEN OVEN,LLC
Ref. Number: W16000032626

We have received your document for SHELLY'S LOVEN OVEN,LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 316A00009200

COVER LETTER

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

SUBJECT: Shelly's Loven Oven, 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: Shelly Llewellyn
Name (Printed or typed)

2455 Nob Hill Road, Apt # 304
Address

Sunrise, Florida 33322
City, State & Zip

754-366-2577
Daytime Telephone number

vgbusinessclass@hotmail.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: Shelly's Loven Oven, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2455 NOB Hill Rd Apt 304
Sunrise, FL 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Catering food for parties

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shelly Llewellyn, Director and Initial Officer Name and Title: _____

Address 2455 NOB Hill Rd # 304 Address: _____
Sunrise, Florida 33322

Name and Title: Sheldon Llewellyn, Initial Officer Name and Title: _____

Address 2455 NOB Hill Rd # 304 Address: _____
Sunrise, Florida 33322

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Shelly Hewelllyn
Address: 2455 Nob Hill Road, Apt # 304
Sunrise, Florida 33322

ARTICLE VII INCORPORATOR

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

Name: Shelly Hewelllyn
Address: 2455 Nob Hill Road, Apt 304
Sunrise, Florida 33322

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

Shelly Hewelllyn 2/12/16
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.

Shelly Hewelllyn 2/12/16
Required Signature/Incorporator Date