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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 NOV -4 PM 2:15

EFFECTIVE DATE 01/01/17

11/09/16

COVER LETTER

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

SUBJECT: Fashion Filled Souls, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Amanda Padron

Name (Printed or typed)

8919 NW 165th Terrace

Address

Miami Lakes, FL 33018

City, State & Zip

786-202-4292

Daytime Telephone number

amanda_padron@yahoo.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: Fashion Filled Souls, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8919 NW 165th Terrace

Miami Lakes, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: internet sales of women's clothing.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amanda Padron, President

Name and Title: _____

Address 8919 NW 165th Terrace

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Amanda Padron

Address: 8919 NW 165th Terrace

Miami Lakes, FL 33018

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: see article 6

Address: _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2017 (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

Amanda Padron

Required Signature/Registered Agent

11/1/2016
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.

Amanda Padron

Required Signature/Incorporator

11/1/2016
Date