

P16000094102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

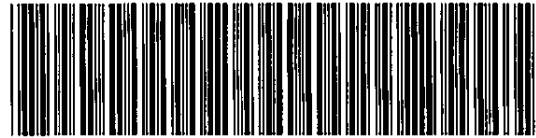
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Life is Spices 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: Donna WALTER  
Name (Printed or typed)

9061 SW 140 Street  
Address

Miami FL 33176  
City, State & Zip

305 253 0847  
Daytime Telephone number

Lifeisspices@gmail.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: Life is Spices Incorporate, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9061 SW 140 St.  
Miami Fl 33176

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide consultative  
services for marketing and sales  
strategies

**ARTICLE IV SHARES**

The number of shares of stock is: 20

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

Name and Title: Donna Walter President

Address: 9061 SW 140<sup>th</sup>  
St. Miami Fl 33176

Name and Title: Donna Walter Sec.

Address: 9061 SW 140 St.  
Miami Fl 33176

Name and Title: Donna Walter Director

Address: 9061 SW 140 St.  
Miami Fl 33176

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

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

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

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

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

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

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TALLAHASSEE, FLORIDA

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

Address \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

DONNA WALTER

Address:

9061 SW 140 St.

Miami FL 33176

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

DONNA WALTER

Address:

9061 SW 140 St.

Miami FL 33176

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: December 12, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

Donna Walter

Required Signature/Registered Agent

11/18/2016  
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.*

Donna Walter

Required Signature/Incorporator

11/18/2016  
Date