

P16000099758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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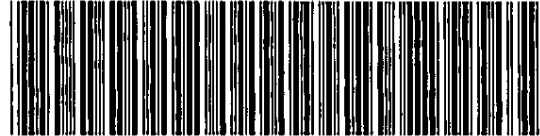
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MOON
DEC 19 2016

COVER LETTER

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

SUBJECT: Auntie Pam's Handmade, 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: Pamela H. EI
Name (Printed or typed)

500 N. Congress Ave., #126
Address

West Palm Beach, FL 33401
City, State & Zip

561. 572. 7441
Daytime Telephone number

11pamelael@gmail.com
E-mail address: (to be used for future annual report notification)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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: Auntie Pam's Handmade, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

500 N. Congress Ave., #126
West Palm Beach, FL 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: retail - wholesale of
handcrafted bath and body

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Pamela El, CEO</u>	Name and Title:	<u>Michael H. El, CFO</u>
Address	<u>500 N. Congress Ave</u> <u>#126</u> <u>West Palm Beach, FL 33401</u>	Address:	<u>c/o Dr. Michael Plummer</u> <u>156 Fairweather St.</u> <u>Cambridge, MA 02138</u>

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: Pamela El

Address: 500 N. Congress Ave. #126
West Palm Beach, FL 33401

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SECRET
TALLIE
STATE
1800A

ARTICLE VII INCORPORATOR

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

Name: Pamela El

Address: 500 N. Congress Ave. #126
West Palm Beach, FL 33401

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2017 (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.)

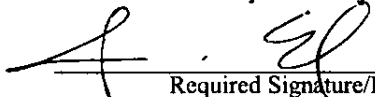
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

12.16.16
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.


Required Signature/Incorporator

12.16.16
Date