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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 09 2018

T SCHROEDER

## COVER LETTER

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

**SUBJECT:** Spellbound by Design, 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

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Domenica DeLillo  
Name (Printed or typed)

401 E. Las Olas Blvd, Ste 130-718  
Address

Ft Lauderdale, FL 33301  
City, State & Zip

800-216-4436  
Daytime Telephone number

create@spellboundbydesign.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: Spellbound by Design, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
401 E. Las Olas Blvd, Ste 130-718  
Ft Lauderdale, FL 33301

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide writing, editing, communications and marketing services,  
and any other related lawful activity for which corporations may be incorporated in the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Domenica DeLillo, CEO

Address 401 E. Las Olas Blvd, Ste 130-718  
Ft Lauderdale, FL 33301

Name and Title: Joseph DeLillo, Treasurer

Address: 5560 SW 3rd Ct  
Plantation FL 33317

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Business Filings Incorporated  
Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

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

Name: Domenica DeLillo  
Address: 401 E Las Olas Blvd, Ste 130-718  
Ft Lauderdale, FL 33301

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 24, 2018 (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*

*Brenna Huber, Asst Secretary, for*  
\_\_\_\_\_  
Required Signature/Registered Agent

*1/29/18*  
\_\_\_\_\_  
Date

*Business Filings Incorporated*  
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.

*Domenica DeLillo*  
\_\_\_\_\_  
Required Signature/Incorporator

*1/29/18*  
\_\_\_\_\_  
Date