

# P18 000 016 719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

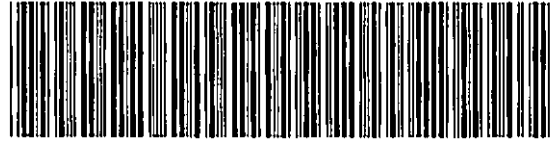
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE  
FEB 21 2018

## COVER LETTER

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

SUBJECT: Something Extra Plus corp.

(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: Barbara J. Carrington

Name (Printed or typed)

2710 Somerset Dr. X-300

Address

Lauderdale Lakes, FL 33311

City, State & Zip

754-422-1830

Daytime Telephone number

babs3839@aol.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: Something Extra Plus, corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3161 W. Oakland Park Blvd.  
Oakland Park, FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara Carrington Name and Title: 0

Address 2710 Somerset Dr. X-300 Address: \_\_\_\_\_  
Lauderdale Lakes FL 33311

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: Barbara Carrington  
Address: 2710 Somerset Dr. X-300  
Lauderdale Lakes, FL 33311

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Barbara Carrington  
Address: 2710 Somerset Dr. X-300  
Lauderdale Lakes, FL 33311

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2/23/2018 (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

Barbara Carrington  
Required Signature/Registered Agent

2/11/2018  
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.

Barbara Carrington  
Required Signature/Incorporator

2/11/2018  
Date