

P19000015268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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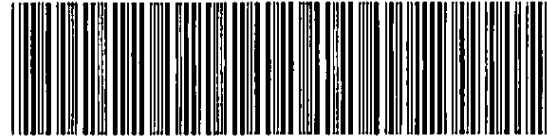
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 FEB 22 PM 12:27
CLERK OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

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

SUBJECT: FW Scented Things & More 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: Felicia Walker
Name (Printed or typed)
4610 Cypress CT
Address
Tallahassee FL 32303
City, State & Zip
850 692-1877
Daytime Telephone number
feewa9375@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:

FW Scented Things & More Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4610 Cypress CT
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Candle and soap
making business

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Felicia Walker CEO

Name and Title:

Address

4610 Cypress CT
Tallahassee, FL 32303

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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2019 FEB 22 PM 12:27
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: Felicia Walker
Address: 4610 Cypress CT
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

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

Name: Felicia Walker
Address: 4610 Cypress CT
Tallahassee, FL 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Felicia Walker 2/22/19
Required Signature/Registered Agent 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.

Felicia Walker 2/22/19
Required Signature/Incorporator Date