

PM000042002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

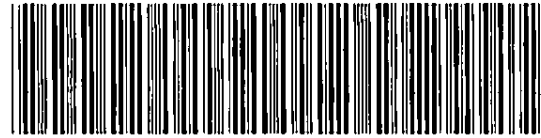
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000329762430

FILED  
2019 MAY 21 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
000329762430  
05/21/19--010017--001 \*\*70.00

RECEIVED  
19 MAY 20 PM 2:49  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
19 MAY 21 PM 10:07  
DIVISION OF STATE

RK

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 05/20/2019

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- ☒ **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- ☒ **FILING** INC. \_\_\_\_\_

1. **BUTTERFLY ERA, INC.**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

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

# COVER LETTER

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

SUBJECT: Butterfly Era, 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: Yulissa Sanchez  
Name (Printed or typed)

17121 nw 86th ave  
Address

Hialeah, FL, 33015  
City, State & Zip

786-239-1431

Daytime Telephone number

yulissabusiness@gmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Butterfly Era, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

17121 NW 86th AVE

HiAlaah, FL 33015

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is:

100,000

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

Name and Title:

Yulissa Sanchez/President

Name and Title:

Address

17121 NW 86th Ave

Address:

HiAlaah, FL 33015

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
2019 MAY 2 PM 2:37  
CLERK OF DISTRICT COURT  
HALLAND BEACH, 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:

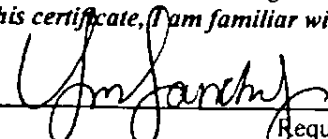
Name: Yulissa Sanchez  
Address: 17121 NW 86th Ave  
Hialeah, FL 33015

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

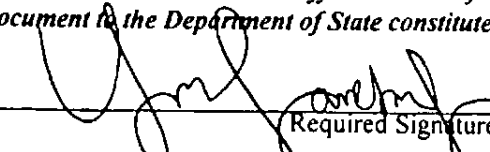
Name: Yulissa Sanchez  
Address: 17121 NW 86th Ave  
Hialeah, FL 33015

*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*

 Yulissa Sanchez  
Required Signature/Registered Agent

5-20-19  
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

5-20-19  
Date

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CLERK OF STATE  
TALLAHASSEE FLORIDA