# Florida Department of State

## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

Account Number : I20070000019 Phone : (518)689-1212 Fax Number : (518)432-0742

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: NEWOTAX 1@9

## FLORIDA PROFIT/NON PROFIT CORPORATION LASHED BY SHEE INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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

#### ARTICLE I NAME

The name of the corporation shall be: **LASHED BY SHEE INC.** 

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2014 Abbey Trace Dr, Dover, FL 33527

#### ARTICLE III PURPOSE

The purpose(s) for which this corporation is organized is(are) to engage in any activity within the purposes for which corporations may be organized under Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 200 No Par Value

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

The name and address of the initial officer and director is: Sheena Antoine - President / director 2014 Abbey Trace Dr., Dover, FL 33527

#### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Sheena Antoine, 2014 Abbey Trace Dr., Dover, FL 33527

### ARTICLE VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Sheena Antoine, 2014 Abbey Trace Dr, Dover, FL 33527

Having been named as registered agent to accept service of process for the above stated corporation at the place designed in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

/s/Sheena Antoine Sheena Antoine/Registered Agent

/s/Sheena Antoine Sheena Antoine/Incorporator