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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
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II BY SARAH INC

Please Debit FCA000000003 For: 78.75

Thank you Seth Neeley



Signature

Requested by:

Name

Date

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Art of Inc. File _____
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STATE

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COVER LETTER

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

SUBJECT: II BY SARAH 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: SARAH GELLEN
Name (Printed or typed)

22218 HOLLYHOCK TRAIL
Address

BOCA RATON FLORIDA 33433
City, State & Zip

917 863 5973
Daytime Telephone number

DAVID SUSSGRA @GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

DEPT. OF STATE
TALLAHASSEE, FL
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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:

II BY SARAH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

22218 HOLLYHOCK TRAIL
BOCA RATON FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INTERIOR DESIGN

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SARAH GELLER PRESIDENT Name and Title:

Address: 22218 HOLLYHOCK TRAIL Address:

BOCA RATON FL 33433

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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TALLAHASSEE, FL
STATE

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: SARAH GELLEN

Address: 22218 HOLLYHOCK TRL
BOCA RATON FLORIDA 33433

ARTICLE VII INCORPORATOR

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

Name: SARAH GELLEN

Address: 22218 HOLLYHOCK TRL
BOCA RATON FL 33433

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.

Sarah Gellen

Required Signature/Registered Agent

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.

Sarah Gellen

Required Signature/Incorporator

Date

5/6/24

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5/6/24