

TRANSMITTAL LETTER

P99 000 089319

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

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-10/06/99--01064--010
*****87.50 *****87.50

SUBJECT: THREE Little Princesses, Inc.
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT -6 AM 8:26

FILED

Enclosed is 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: CARYN FIALLA-Williams
Name (Printed or typed)

1000 S.E. Monterey Commons Blvd., Ste 204
Address

STUART, FL 34995
City, State & Zip

561-223-7780
Daytime Telephone number

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

F. CHESLER

OCT 11 1999

ARTICLES OF INCORPORATION

ARTICLE I NAME

The name of the corporation shall be: **Three Little Princesses, Inc.**

ARTICLE I PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: **1000 S.E. Monterey Commons Boulevard, Suite 204, Stuart, FL 34996.**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is **500 shares, no par value.**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: **Caryn Fialla-Williams, 1000 S.E. Monterey Commons Boulevard, Suite 204, Stuart, Florida 34996.**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: **Caryn Fialla-Williams, 1000 S.E. Monterey Commons Boulevard, Suite 204, Stuart, Florida 34996.**

Caryn Fialla-Williams
Signature/Incorporator

10/4/99

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above-stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Caryn Fialla-Williams
Signature/Registered Agent

10/4/99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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