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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

W13-356/2



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SECRETARY OF STATE
TALLAHASSEE: FLORING

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FLORIDA DEPARTMENT OF STATE Division of Corporations

BEPARTMENT OF STATE BIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA:

June 19, 2013

MICHELLE D. LOWE 140 NE 4TH AVE. DELRAY BEACH, FL 33483

SUBJECT: JOE DESIGNERS, INC Ref. Number: W13000035612

We have received your document for JOE DESIGNERS, INC and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 413A00015475

COVER LETTER

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

SUBJECT: Joe Designers, Incorporated

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

ADDITIONAL COPY REQUIRED

| FROM: | Michelle D. Lowe | | |
|-------|--------------------------|--|--|
| 5 | Name (Printed or typed) | | |
| | 140 NE 4TH Ave. | | |
| | Address | | |
| | Delray Beach, FL, 33483 | | |
| | City, State & Zip | | |
| | 678-654-1413 | | |
| | Daytime Telephone number | | |

mojo822@gmail.com

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

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

To Whom it May Concern,

I, Michelle D. Lowe, have been instructed to include this document with my application to The Florida Department of State Division of Corporations, for my 501 (c) (3), Joe Designers, Inc. I had structured an LLC, which upon advice from my Business Manager, I have since dissolved as it was inappropriate for my purpose.

I did want to keep the name, Joe Designers, so I have no intent of revoking the Voluntary Dissolution.

a,

Regards,

.,

Michelle D. Lowe

13 JUL 15 PH 12: 00
SECRETARY OF STATE

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

| The name of the corporation shall be: Joe Design | ners, Inc | |
|---|---|----|
| ARTICLE II PRINCIPAL OFFICE | | |
| Principal <u>street</u> address: 140 NE 4TH Ave | Mailing address, if different is: | |
| Delray Beach, FL | | |
| 33483 | | |
| The purpose for which the corporation is organized is. | e Designers, Inc., is the Not for Profit Corporation same name, Joe Designers. The TV show is | |
| structured to improve the lives of our | Veterans. The TV show will solicit | |
| donations from the Public and Private | sectors as well as Corporations. | |
| These Donations will be used by Joe Designers, Inc. | to fund, for example, the rennovations to a VFW post | |
| in Arizona, or with the help of Volunteers to paint a w | ing of Walter Reed Hospital or provide plumbing to a | |
| Half Way House for Veterans, or to he | elp another Veteran related Not for Profit, etc. | |
| Name and Title: Michelle D. Lowe, Director Address Address Delray Beach, FL 33483 | Name and Title: Address: Address: Address: | B) |
| Name and Title: Address | * | |
| Name and Title: Address | Name and Title: | |

| Name and Title: | | Name and Title: | |
|--|--|---|---|
| Address | | Address: | |
| | *************************************** | | |
| | | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | 11-16-1-16-1-16-1-16-1-16-1-16-1-16-1- |
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| ARTICLE VI | REGISTERED AGENT rida street address (P.O. Box NOT accep | stable) of the registered agent is: | |
| | Michelle D. Lowe | dible for the registered agent is. | 2 |
| Name: Address: | 140 NE 4TH Ave | | ART ART |
| Address. | Delray Beach, FL 33483 | , , , , , , , , , , , , , , , , , , , | SSE -5 |
| | | | T- 2 M |
| ARTICLE VII | INCORPORATOR | | E-FLOWE 01 S. OO |
| The name and add | ress of the Incorporator is: | | 8 8 |
| Name: | Michelle D. Lowe | - | D |
| Address: | 140 NE 4TH Ave | A | |
| | Delray Beach, FL 33483 | | |
| Having been name | ed as registered agent to accept service o | of process for the above stated cornor | pration at the place designated in this |
| | miliar with and accept the appointment as | | |
| M | enenti | reco | 06-14-13 |
| | Required Signature of Registered | Agent | Date |
| | nent and affirm that the facts stated here of State constitutes a third degree felony o | | information submitted in a document |
| Months of the same | rehadle | July | 06-14-13 |
| | Required Signature of Incorp | porator | Date |