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PICK-UP WAIT MAIL

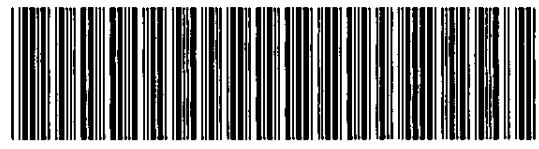
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2016

CARRIE CASTELL
9805 NW 55 STREET
CHIEFLAND, FL 32626

SUBJECT: BAGS UNLIMITED INC
Ref. Number: W16000011952

We have received your document for BAGS UNLIMITED INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$70.00.

Please accept our apology for failing to mention this in our previous letter.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 616A00003288

COVER LETTER

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

SUBJECT: Bags Unlimited 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Bags Unlimited Inc / Carrie S. Castell
Name (Printed or typed)

9805 NW 55th St.
Address

Chiefland, Fl. 32626
City, State & Zip

985 868 3393
Daytime Telephone number

bagsultd@bellsouth.net
E-mail address: (to be used for future annual report notification)

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

Name and Title Carrie S Castell Name and Title: _____
Address P Address: _____
9805 NW 55th St
Chiefland, Fl. 32626

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Carrie S. Castell
Address: 9805 NW 55th St
Chiefland, Fl. 32626

ARTICLE VII INCORPORATOR

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

Name: Carrie S. Castell owner
Address: 9805 NW 55th St
Chiefland, Fl. 32626

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/1/2016 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

Carrie S. Castell 3-7-16
Required Signature/Registered Agent 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.

Carrie S. Castell 3-7-16
Required Signature/Incorporator Date

articles of incorporation.txt

Articles of Incorporation

The undersigned person, acting as incorporator for the purpose of forming a stock business corporation under the laws of the State of FLORIDA, adopts the following

Articles of Incorporation:

Article 1. The name of the corporation is:

BAGS UNLIMITED INC

Article 2. The purpose for which this corporation is organized is to transact any and all lawful business for which corporations may be organized under the laws of the State of FLORIDA, and to have all powers that are afforded to corporations under the laws of the State of FLORIDA.

Article 3. The duration of this corporation shall be perpetual.

Article 4. The total amount of initial capitalization of this corporation is \$ 1000.00.

Article 5. The total number of shares of common capital stock that this corporation is authorized to issue is 10.

Article 6. This stock shall have \$100.00 value.

Article 7. The initial registered agent of this corporation is:

CARRIE CASTELL.

By his or her signature at the end of this document, this person acknowledges acceptance of the responsibilities as registered agent of this corporation.

Article 8. The initial address of the office of the registered agent of this corporation is: *and the principal office address:*
9805 NW 55 STREET, CHIEFLAND, FLORIDA 32626 .

Article 9. The name, address, and age of the incorporator of this corporation is:

CARRIE CASTELL ,

9805 NW 55 STREET, CHIEFLAND, FLORIDA 32626 , and 65 (age).

Article 10. The number of directors of this corporation is 1 .

Article 11. The names and addresses of the initial directors of this corporation are as follows:

articles of incorporation.txt

Name

Address

Article 12. This corporation shall have preemptive rights for all shareholders.

Article 13. The following are preferences and limitations on the common stock of this corporation:

Article 14. This corporation adopts the following additional articles:

I certify that all of the facts stated in these Articles of Incorporation are true and correct and are made for the purpose of forming a business corporation under the laws of the State of FLORIDA.

Dated: NOVEMBER 16, 20 15

Carrie S. Castell

Signature of Incorporator

Carrie S Castell

Printed Name of Incorporator

State of FLORIDA
County of LEVY

Before me, on 11-18-2015, personally appeared
before me,

Carrie S Castell, named as the incorporator, who is known to me to be the person who subscribed his or her name to this document, and acknowledged that he or she did so for the purposes stated.

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Lew Mainwaring
Signature of Notary Public

Notary Public, In and for the County of LEW
State of Florida

My commission expires: 11-2-15

Notary Seal

I acknowledge my appointment as registered agent of this corporation and accept the appointment.

Dated: 11-18, 20 15

X Carrie S. Castell
Signature of Registered Agent

X Carrie S. Castell
Printed Name of Registered Agent

