

P2100053400

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W21-54533

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. BURCH

JUN 7 2021

## COVER LETTER

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

SUBJECT: Cygnat Living, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Annalise Gendron  
Name (Printed or typed)

903 N. Wheeler St.  
Address

Plant City, FL 33563  
City, State & Zip

813- 731- 3743  
Daytime Telephone number

annalise28@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2021

ANNALISE GENDRON  
4115 BUCKHAM RD  
IRONDALE, AL 35210

SUBJECT: CYGNET LIVING, INC.  
Ref. Number: W21000054533

We have received your document for CYGNET LIVING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Tim Burch  
Senior Section Administrator

Letter Number: 021A00008266

**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: Cygnat Living, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

110 E. Reynolds St.  
Suite 215  
Plant City, FL 33563

Mailing address, if different is:

903 N. Wheeler St.  
Plant City, FL 33563

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: retail of children's clothing  
online only

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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2021 JUN 14 PM 1:47  
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TALLAHASSEE, FLORIDA

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

Name and Title: Annalise Gendron Name and Title: \_\_\_\_\_

Address: owner 903 N. Wheeler St. Address: \_\_\_\_\_  
Plant City, FL 33563

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Ashlyn del Valle  
Address: 802 N. Thomas St.  
Plant City, FL 33563

**ARTICLE VII INCORPORATOR**

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

Name: Annalise Gendron  
Address: 903 N. Wheeler St.  
Plant City, FL 33563

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TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/27/2021 (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:*

Ashlyn del Valle  
Required Signature/Registered Agent

05/27/2021  
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.*

Annalise Kelly Gendron  
Required Signature/Incorporator

Date 05/27/2021