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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	N





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SECRETARY OF STATE

JAN 26 2010 D. A. WHITE

COVER LETTER

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

SUBJECT:	ConnieCaps, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
	(PROPOSED CORPORATE	E NAME – <u>MUST INCLUI</u>	DE SÚFFIX)	
Enclosed is an origina	l and one (1) copy of the Artic	elec of Incorporation and	a check for:	
Enclosed is all origina	rand one (1) copy of the Artic	nes of incorporation and	a check for .	
\$70.00	₹ \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,	
	Certificate of Status	& Certified Copy	Certified Copy & Certificate	
	Status		& Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM	I: <u>Linda Blakely</u>		_	
Name (Printed or typed)				
6867 Tamra Ln Address				
Jacksonville, FL 32216				
City, State & Zip				
	004 000 0055			
904-382-2955 Daytime Telephone number				
	-			
	LMB@conniecaps.org			
	E mail addresses (to be used for for	tura annual vanant natificati	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

ConnieCaps, Inc. (please be aware that "ConnieCaps" is one word)

FILED

2010 JAN 25 P # 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6867 Tamra Ln, Jacksonville FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide stylish, hand-crafted hats to cancer patients who have lost or are losing their hair in the course of their treatment.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Board members elected were those who share in the vision of the organization and are willing and able to work towards its goals.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Linda Blakely, President 6867 Tamra Ln, Jacksonville FL 32216 Jennifer Dale, Treasurer 2634 Jewell Rd, Jacksonville FL 32216 Stephanie Lee, Secretary 3655 Bridgewood Dr, Jacksonville FL 32277

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Thomas Blakely 6867 Tamra Ln, Jacksonville FL 32216

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Linda Blakely 6867 Tamra Ln. Jacksonville FL 32216

in this certificate, I am familiar with and accept	the appointment as registered a	gent and agree to act in this capacity.
72 1	Homas BLAKELY	Jan 20, 2010
Signature/Registered Agent		Date
LINDA BO	LAKELY	Jan 20. 2010
Signature/Incorporator		Date