

N11000005028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

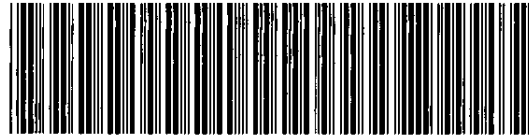
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 20 PM 12:04

mm 6/2/11

COVER LETTER

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

SUBJECT: Butterfly Idolz Inc.

(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: Sabena Fullerton
Name (Printed or typed)

11119 NW 39th St 105
Address

Sunrise, FL 33351
City, State & Zip

954-483-7763
Daytime Telephone number

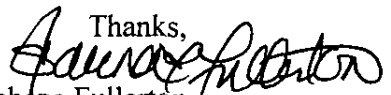
ButterflyIdolzinc@gmail.com
E-mail address: (to be used for future annual report notification)

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

P10000089390
Sabena Fullerton (P)
9439 SW 18TH Street
Miramar, Fl 33025

To Whom It May Concern:

This letter is to inform you that I will not revoke dissolution. I will release name for immediate use.

Thanks,

Sabena Fullerton

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

ARTICLE I NAME

The name of the corporation shall be: Butterfly Idolz Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
11119 NW 39th St. 105
SUNRISE, FL 33351

Mailing address, if different is:
9479 SW 10th St.
MIRAMONTE, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Promote Lupus awareness
through events.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors will be appointed or selected as stated in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sabena Fullerton (P)
Address: 11119 NW 39th St 105
SUNRISE, FL 33351

Name and Title: Ashley Smith (VP)
Address: 12052 NW 11th Street
Pembroke Pines, FL 33026

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Sabena Fullerton
Address: 11119 NW 39th St. 105
SUNRISE, FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sabena Fullerton
Address: 11119 NW 39th St. 105
SUNRISE, FL 33351

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DIVISION OF CORPORATIONS
11 MAY 20 PM 12:05

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

Sabena Fullerton
Required Signature of Registered Agent

4/28/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Sabena Fullerton
Required Signature of Incorporator

4/28/11
Date