

N13000006442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

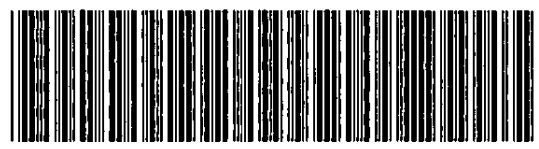
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W13-35612



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06/18/13--01014--009 \*\*79.00

FILED  
13 JUL 15 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07/19/13

CORRECTED DOCUMENT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

13 JUL 15 PM 2:27

DEPARTMENT OF STATE  
DIVISION 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**  
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.**

06-14-2013

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.

Regards,



Michelle D. Lowe

**FILED**  
13 JUL 15 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: Joe Designers, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
140 NE 4TH Ave  
Delray Beach, FL  
33483

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Joe Designers, Inc., is the Not for Profit Corporation attached to a Reality TV show of the 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 wing of Walter Reed Hospital or provide plumbing to a Half Way House for Veterans, or to help another Veteran related Not for Profit, etc.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: will be appointed by founder MICHELLE D. LOWE

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

Name and Title: Michelle D. Lowe, Director  
Address: 140 NE 4TH Ave  
Delray Beach, FL  
33483

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JUL 15 PM 12:00

FILED

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: Michelle D. Lowe

Address: 140 NE 4TH Ave

Delray Beach, FL 33483

FILED  
13 JUL 15 PM 12:00  
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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michelle D. Lowe

Address: 140 NE 4TH Ave

Delray Beach, FL 33483

*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*

  
Required Signature of Registered Agent

06-14-13  
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.*

  
Required Signature of Incorporator

06-14-13  
Date