

N13000010324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

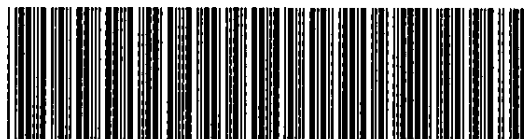
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200252109472

09/27/13--01039--008 **70.00

FILED

13 NOV 14 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
11/15/13

COVER LETTER

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

SUBJECT: **Coach's Closet 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: **Yoochul Chong**

Name (Printed or typed)

5668 E 61st St

Address

Commerce CA 90040

City, State & Zip

800-462-5487 x 134

Daytime Telephone number

ychong@attorneyscorpSERVICE.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

September 30, 2013

YOOCHUL CHONG
5668 E 61ST ST
COMMERCE, CA 90040

SUBJECT: COACH'S CLOSET INC.
Ref. Number: W13000054234

We have received your document for COACH'S CLOSET 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 513A00022937

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 ext.134 FAX: (800) 388-0330
EMAIL: ychong@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

REQUEST FILING SERVICE

DATE: 11/12/13

FROM: Yoochul Chong

Client Matter: # 9002977

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: **_ Coach's Closet Inc.**

Enclosed is one of the following: **(1) Articles of Incorporatio**

Return request with filing: **(1) Plain Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (4)

****Fax/Email a copy of the filed documents upon acceptance of filing****

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.**
5668 E. 61ST STREET
COMMERCE, CA 90040**

****PLEASE CONFIRM UPON RECEIVED DOCUMENTS****

NOTE(S):

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

FILED
13 NOV 14 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Coach's Closet Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
919 Yuma Road
Tallahassee, FL 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dedicated to providing clothing and household items for those less fortunate between the ages of 6 months – 30 years of age.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
AS PROVIDED FOR IN THE BYLAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vernon Chipman II, Director
Address: 919 Yuma Road
Tallahassee, FL 32301

Name and Title: _____
Address: _____

Name and Title: Stella Harris, Director
Address: 1747 Capital Circle NE 502
Tallahassee, FL 32308

Name and Title: _____
Address: _____

Name and Title: Vernon Chipman Sr., Director
Address: 1945 N.W. 171st
Miami, FL 33056

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

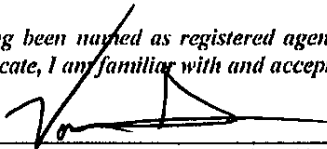
Name: Vernon Chipman II
Address: 919 Yuma Road
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Desiree Martinez
Address: 5668 E 61ST STREET
COMMERCE, CA 90040

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

9/10/13

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

9/10/13

Date