

N 15000004137

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(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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15 JUN 18 PM 4:01  
CLERK OF STATE  
HALL COUNTY, INDIANA

6/23/15

## COVER LETTER

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

SUBJECT: Cozy Corners for Kids, 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: Gabriela Teixeira  
Name (Printed or typed)

5061 Wiles Rd. Apt. 104  
Address

Coconut Creek, FL 33073  
City, State & Zip

954-729-8586  
Daytime Telephone number

Cozy.corners@yahoo.com  
E-mail address: (to be used for future annual report notification)

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15 JUN 18 PM 4:01  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

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



RECEIVED

15 JUN 18 AM 9:58

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 28, 2015

GABRIELA TEIXEIRA  
5061 WILES ROAD  
APT. 104  
COCONUT CREEK, FL 33073

SUBJECT: COZY CORNERS, INC.  
Ref. Number: W15000037876

We have received your document for COZY CORNERS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 515A00011271

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15 JUN 18 PM 4:01  
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: Cozy Corners for Kids, Inc.

FILED

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address:

5061 Wiles Rd. Apt. 104

Coconut Creek, FL 33073

Mailing address, if different is:

15 JUN 18 PM 4:01

SECRETARY OF STATE

200 W. WASHINGTON STREET, SUITE 1000, TALLAHASSEE, FL 32304

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Said Corporation is organized exclusively for charitable,  
religious, educational, and scientific purposes, including, for such purposes, the making of  
distributions to organizations that qualify as exempt organizations under section 501 (c)(3) of the Internal  
Revenue Code, or the corresponding section of any future federal tax code.

**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: Gabriela Teixeira, Director

Address: 5061 Wiles Rd. Apt. 104

Coconut Creek, FL 33073

Name and Title: Rachel Salvesson, Director

Address: 884 Riding Lane

Saint Charles, IL 60174

Name and Title: Ana Maria Barragan, Director

Address: 14610 Timber Cliff Lane

Cypress, TX 77429

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

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

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

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

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

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: Gabriela Teixeira

Address: 5061 Wiles Rd. Apt. 104

Coconut Creek, FL 33073

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

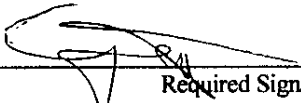
Name: Gabriela Teixeira

Address: 5061 Wiles Rd. Apt. 104

Coconut Creek, FL 33073

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

*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*

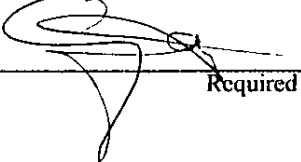


Required Signature of Registered Agent

6/13/15

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

6/13/15

Date