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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Tampa Bay Babywearing 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: Christina Lester
Name (Printed or typed)

40555 Longstreet Ave
Address

Zephyrhills FL, 33540
City, State & Zip

813-312-4094
Daytime Telephone number

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

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

ARTICLES OF INCORPORATION

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

16 FEB -3 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Tampa Bay Babywearing Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
8761 N. 56th St.
Temple Terrace Fl,
33687

Mailing address, if different is:
P.O. Box 291457
Tampa, Fl 33687

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our mission is to provide babywearing support and education to the Tampa Bay Community and surrounding areas in order to normalize babywearing encourage safe wearing practices, and promote the physical and emotional benefits of babywearing for both the caregiver and child.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors are appointed by at least a 75% vote of the directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Pedraza President
Address: 9429 Alcaboon St
Temple Terrace Fl,
33637

Name and Title: Heather Fiske, Vice President
Address: 11003 Robey ct
Tampa, Fl
33647

Name and Title: Sarah Duganiecca Secretary
Address: 2212 Stacy Ct
Dunedin Fl,
34698

Name and Title: Christina Lester, Treasurer
Address: 40555 Longstreet Ave
Zephyrhills, Fl
33540

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Christina Lester

Address: 40555 Longstreet Ave
Zephyrhills FL 33540

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Christina Lester

Address: 40555 Longstreet Ave
Zephyrhills FL 33540

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

Christina L Lester
Required Signature of Registered Agent

Jan 31, 2016
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.

Christina L Lester
Required Signature of Incorporator

Jan 31, 2016
Date