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COVER LETTER

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

SUBJECT: MRbubblez 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: Marcia Hall
Name (Printed or typed)

6720 S LOIS AVE #7105
Address

Tampa, FL 33616
City, State & Zip

813. ~~809~~-0429
Daytime Telephone number

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

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

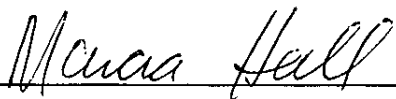
February 22, 2016

Mrbubblez Inc.
EIN #45-2606983
c/o Marcia Hall
6720 S Lois Ave #7105
Tampa, FL 33616

Mrbubblez is to engage in any lawful activity whose intended purpose is to provide a safe and secure facility for homeless individuals to take a hot shower when given the opportunity.

We seek to provide shower units and hygienic items (toothbrushes, toothpaste, deodorant, soap, shampoo and a pair of shower slippers) so single homeless individuals male and female alike; can feel a sense of dignity in their community. **Mrbubblez** will also provide facial and bath towels and we will have volunteers to help facilitate the process. This service will be provided by **Mrbubblez** and the community with donation of hygienic items and volunteer time.

Signature



Marcia Hall

Registered agent and Incorporator

6720 S. Lois Ave #7105

Tampa, FL 33616

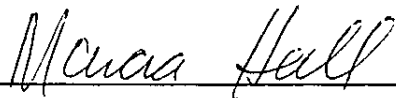
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Marcia Hall

Registered agent and Incorporator

6720 S. Lois Ave #7105

Tampa, FL 33616

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

ARTICLE I NAME

The name of the corporation shall be: Mrbubblez INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6720 S Lois Ave
Apt. 7105
Tampa, FL 33616

16 FEB 25 PM 2:42
Mailing address, if different from principal office:

Same as principal office
FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL lawful business to provide
A safe and secure facility for homeless individuals to take a hot shower.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed by
majority vote at a regular meeting of the board.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcia Hall - Chair
Address: 6720 S. Lois Ave
Apt 7105
Tampa, FL 33616

Name and Title: Carol Northington - Vice Chair
Address: 10520 Canary Isle Dr.
Tampa, FL 33647

Name and Title: Scott Parlor - Secretary
Address: 2618 Bermuda Lake Dr.
Apt. 103
Tampa, FL 33609

Name and Title: Donna Walker - Treasurer
Address: 8413 N. Lamar St.
Tampa, FL 33604

Name and Title: Bruce Hall - member
Address: 6720 S. Lois Ave
Apt 7105
Tampa, FL 33616

Name and Title: Cindy Dosa - member
Address: 1010 W. Linebaugh Ave.
Tampa, FL 33612

Name and Title: EUGENE William - member Name and Title: _____

Address: 9613 Jasmine Brook Circle Address: _____

Land O' Lakes, FL 34638 _____

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: Marcia Hall

Address: 6720 S. Lois Ave #7105

Tampa, FL 33616

ARTICLE VII INCORPORATOR

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

Name: Marcia Hall

Address: 6720 S. Lois Ave #7105

Tampa, FL 33616

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Marcia Hall

Required Signature of Registered Agent

2/21/16

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.

Marcia Hall

Required Signature of Incorporator

2/21/16

Date