

N/6000008563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

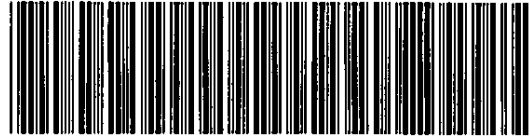
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 23 PM 2:40

κ 08/30/16

COVER LETTER

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

SUBJECT: **My Beautiful Bags, 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: **James Russ**

Name (Printed or typed)

4411 Beeridge Rd. PO Box 219

Address

Sarasota, FL 34233

City, State & Zip

941-379-3792

Daytime Telephone number

amberssmile@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)

ARTICLE I NAME

The name of the corporation shall be: My Beautiful Bags, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5106 Lahaina Drive

Sarasota, FL 34232

Mailing address, if different is:
4411 Beeridge Rd.

PO Box 219

Sarasota, FL 34233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: My Beautiful Bags, Inc. purpose is to provide educational opportunities to individuals with disabilities.

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ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
As set forth in the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Russ, President

Address: 4411 Beeridge Rd.
PO Box 219
Sarasota, FL 34233

Name and Title: Beverly D. Yanders, Treasurer

Address: 4411 Beeridge Rd.
PO Box 219
Sarasota, FL 34233

Name and Title: Gerri Warren-Merrick, Secretary

Address: 4411 Beeridge Rd.
PO Box 219
Sarasota, FL 34233

Name and Title: Robert Anderson, Director

Address: 4411 Beeridge Rd.
PO Box 219
Sarasota, FL 34233

Name and Title: William Hilton, Director

Address: 4411 Beeridge Rd.
PO Box 219
Sarasota, FL 34233

Name and Title: Rick Russ, Director

Address: 4411 Beeridge Rd.
PO Box 219
Sarasota, FL 34233

Name and Title: Jeannie Davis, Director Name and Title: _____

Address: 4411 Beeridge Rd. Address: _____

PO Box 219 _____

Sarasota, FL 34233 _____

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: James Russ

Address: 5106 Lahaina Drive

Sarasota, FL 34232

ARTICLE VII INCORPORATOR

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

Name: James Russ

Address: 5106 Lahaina Drive

Sarasota, FL 34232

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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

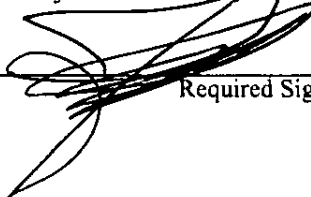


Required Signature of Registered Agent

8/16/16

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.



Required Signature of Incorporator

8/16/16

Date