

N/6000009096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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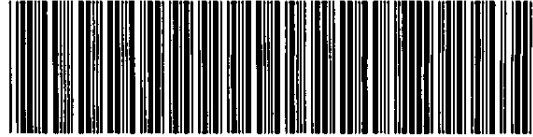
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/18/16--01014--003 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP 15 AM 9:49

W/6-058935

09/16/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2016

SANDRA LIMA
8569 VIA GIARDINO
BOCA RATON, FL 33433

SUBJECT: CHILDREN DESIGNS, LLC
Ref. Number: W16000058935

We have received your document for CHILDREN DESIGNS, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 716A00018076

RECEIVED
16 SEP 15 PM 2:26
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

COVER LETTER

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

SUBJECT: CHILDREN DESIGNS, LLC
(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: Sandra M. S. Lima
Name (Printed or typed)

8569 Via Giardino
Address

Boca Raton, FL. 33433
City, State & Zip

561-3055316
Daytime Telephone number

souzalima_sandra@yahoo.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: Children Designs, ~~LLC~~ INC CHILDRENDESIGNS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8569 Via giardino

Boca Raton, FL. 33433

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Meet twice a week to sew dresses and do crafts in general, ^{and} sell them.

The proceeds will be donated to charities in the USA and other Countries,

WE SEW DRESSES AND MAKE CRAFTS. THE DRESSES ARE
DONATED TO CHURCHES THAT HAVE MISSIONS IN DIFFERENT COUNTRIES,
HELPING DISADVANTAGE CHILDREN. THE CRAFTS ARE
SOLD AND MONEY FROM THE SALES REVERTED INTO MATERIAL
FOR MORE DRESSES

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By VOTES

By THE MEMBERS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra M. S. Lima (President)

Address 8569 Via Giardino
Boca Raton, FL. 33433

Name and Title: _____

Address: _____

Name and Title: Marcia Coelho (Vice President)

Address 14873 Cumberland Dr. Ap. 204 K
DelRay Beach, FL. 33446

Name and Title: _____

Address: _____

Name and Title: Cynthia R. Villar (Secretary)

Address 2351 NW 39 th Terrace
Coconut Creek, FL. 33066

Name and Title: _____

Address: _____

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Name and Title: Tania S. Rodrigues (TREASURER) Name and Title: _____
 Address: 3150 Holiday Springs Blvd Address: _____
Ap. 8-202 _____
Margate, FL. 33063 _____

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: Sandra M. S. Lima
 Address: 8569 Via Giardino
Boca Raton, FL. 33433

ARTICLE VII INCORPORATOR

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

Name: Sandra M. S. Lima
 Address: 8569 Via Giardino
Boca Raton, FL. 33433

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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.)

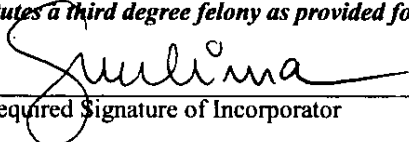
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


 Required Signature of Registered Agent

08-13-2016
 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.


 Required Signature of Incorporator

08-13-2016
 Date