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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N CULLIGAN

NOV 27 2017

COVER LETTER

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

SadieStyle, Inc.
SUBJECT: _____

(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

Dawn Boyesen-Veselka
FROM: _____
Name (Printed or typed)

1439 Twin Rivers Blvd

Address

Oviedo, FL 32766

City, State & Zip

407-221-7720

Daytime Telephone number

dawnveselka@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: SadieStyle, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
1439 Twin Rivers Blvd

Oviedo, FL 32766

Mailing address, if different:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to support children, teens and young adults living with a chronic illness. Said organization is organized exclusively of charitable and educational 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 corresponding section of any future federal tax code. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the (continued on attached page)

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:	<u>Dawn E. Boyesen-Veselka, Pres.</u>	Name and Title:	<u>Edward A. Hoge, V.P.</u>
Address	<u>1439 Twin Rivers Blvd.</u>	Address:	<u>6104 Old Scott Rd.</u>
	<u>Oviedo, FL 32766</u>		<u>Lakeland, FL 33813</u>
Name and Title:	<u>Dr. Joy S. Pedersen, Sec.</u>	Name and Title:	
Address	<u>1654 Village Center Drive #101</u>	Address:	
	<u>Lakeland, FL 33803</u>		
Name and Title:		Name and Title:	
Address		Address:	

Articles Of Incorporation
in compliance with Chapter 617, F.S., (Not for Profit)

SadieStyle, Inc.

ARTICLE III PURPOSE

Continued from previous page:

organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

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: Dawn E. Boyesen-Veselka
Address: 1439 Twin Rivers Blvd.
Oviedo, FL 32766

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dawn E. Boyesen-Veselka
Address: 1439 Twin Rivers Blvd.
Oviedo, FL 32766

ARTICLE VIII EFFECTIVE DATE: 11/23/2017

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 days prior or 90 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

Dawn E. Boyesen-Veselka
Required Signature of Registered Agent

11-20-17
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.

Dawn E. Boyesen-Veselka
Required Signature of Incorporator

11-20-17
Date