

118000012566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

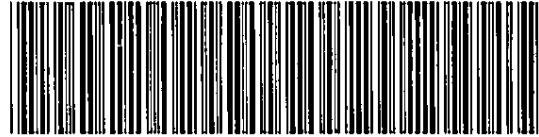
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## COVER LETTER

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

**SUBJECT:** Blessings for Babies, 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:** Cheyenne Moseley, LegalZoom.com, Inc.

\_\_\_\_\_  
Name (Printed or typed)

101 N. Brand Blvd., 10th Floor

\_\_\_\_\_  
Address

Glendale, CA 91203

\_\_\_\_\_  
City, State & Zip

323.962.8600 x 7625

\_\_\_\_\_  
Daytime Telephone number

onlinefilings@legalzoom.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: Blessings for Babies, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1182 Falling Pine Ct.

Winter Springs, Florida 32708

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Please see attached

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The method by which the directors of the corporation are elected or appointed will be stated in the bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tami Lynn Nickerson, P. D

Address: 1182 Falling Pine Ct.  
Winter Springs, Florida 32708

Name and Title: Nancy MacCord, T. D

Address: 1182 Falling Pine Ct.  
Winter Springs, Florida 32708

Name and Title: Keenan Martin, S. D

Address: 1182 Falling Pine Ct.  
Winter Springs, Florida 32708

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

2018 NOV 27 PM 5:56  
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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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: Tami Lynn Nickerson

Address: 1182 Falling Pine Ct.

Winter Springs, FL 32708

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cheyenne Moseley, Legalzoom.com, Inc.

Address: 9900 Spectrum Drive

Austin, TX 78717

**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*

Tami Lynn Nickerson

Required Signature of Registered Agent Tami Lynn Nickerson

11/21/18

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.*

Tami Lynn Nickerson

Required Signature of Incorporator

11/21/18

Date