

N30000006266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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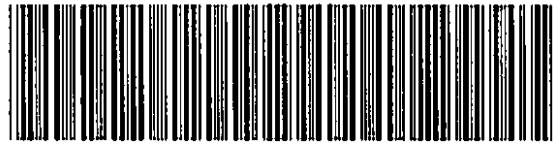
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/04/20--01005--000 76.75

FILED  
2020 JUN -4 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

N. CULIGAN

JUN 15 2020

**COVER LETTER**

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

SUBJECT: HYGIENE GENIE, 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: CAROLYN L. WILSON  
Name (Printed or typed)

349 NW 30TH AVENUE  
Address

LAUDERHILL, FL 33311  
City, State & Zip

(954) 696-6243  
Daytime Telephone number

lorrainewilson65@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)**

**FILED**

2020 JUN -4 AM 11: 50

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I – NAME**

The name of the Corporation is: **HYGIENE GENIE, INC.**

**ARTICLE II – PRINCIPAL OFFICE**

The principal street address: **349 NW 30<sup>TH</sup> AVENUE**  
**LAUDERHILL, FL 33311**

**ARTICLE III – PURPOSE**

This organization is organized and operated exclusively for charitable, 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 the corresponding section of any future federal tax code.

**ARTICLE IV – MANNER OF ELECTION**

The manner in which the directors are elected and appointed: A member is asked by the President to serve or they may request to be a member according to the Bylaws.

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

Name and Title: CAROLYN L. WILSON, PRESIDENT  
Address: 349 NW 30TH AVENUE  
City/State/Zip: LAUDERHILL, FL 33311

Name and Title: CAROLYN L. WILSON, VICE PRESIDENT  
Address: 349 NW 30TH AVENUE  
City/State/Zip: LAUDERHILL, FL 33311

Name and Title: CAROLYN L. WILSON, TREASURER  
Address: 349 NW 30TH AVENUE  
City/State/Zip: LAUDERHILL, FL 33311

Name and Title: CAROLYN L. WILSON, SECRETARY  
Address: 349 NW 30TH AVENUE  
City/State/Zip: LAUDERHILL, FL 33311

**ARTICLE VI – REGISTERED AGENT**

The name and address of the Registered Agent is:

CAROLYN L. WILSON  
349 NW 30TH AVENUE  
LAUDERHILL, FL 33311

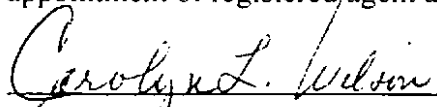
**ARTICLE VII – INCORPORATOR**

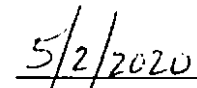
CAROLYN L. WILSON  
349 NW 30TH AVENUE  
LAUDERHILL, FL 33311

**ARTICLE VIII – DISSOLUTION**

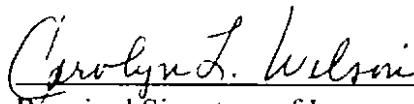
The assets of the Corporation are irrevocably and permanently dedicated to purposes stipulated in the Articles of Incorporation. Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Competent Jurisdiction of the county in which the principal office of the 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.

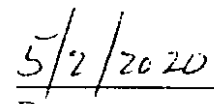
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment of registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
Required Signature of Registered Agent

  
\_\_\_\_\_  
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

  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUN -4 AM 11:50

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