

Derrick

N20000013091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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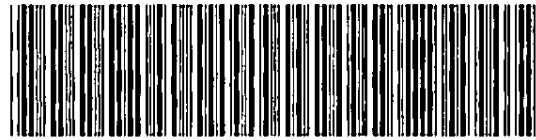
(Business Entity Name)

(Document Number)

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

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Derrick Thompson

11/23/20

2020 NOV 23 10 58 AM  
STATE OF MISSISSIPPI

# COVER LETTER

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

**SUBJECT:** Bailey's Buddies, 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:** Diana Ryon  
\_\_\_\_\_  
Name (Printed or typed)

12343 S.E. 60th Ave.  
\_\_\_\_\_  
Address

Belleview, FL 34420  
\_\_\_\_\_  
City, State & Zip

352-598-4373  
\_\_\_\_\_  
Daytime Telephone number

baileysbuddies6@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: Bailey's Buddies, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
12343 S.E. 60th Ave.  
Belleview, FL 34420

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of Bailey's Buddies, Inc., is to assist those diagnosed with epilepsy that qualify for a certified seizure alert service dog and need financial assistance to pay for training and/or a certified seizure alert service dog. There are requirements in place in order for a person to qualify to receive any financial assistance towards a certified seizure alert dog. Some examples of requirements include ADA certified training, the purchase of the dog and related training. Bailey's Buddies, Inc., will help spread awareness of epilepsy. The fundraising portion goal to raise funds to assist others and provide epilepsy awareness through fundraising events and activities as needed.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointment

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

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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: Diana Ryon \_\_\_\_\_  
Address: 12343 S.E. 60th Ave. \_\_\_\_\_  
Belleview, FL 34420 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Diana Ryon \_\_\_\_\_  
Address: 12343 S.E. 60th Ave. \_\_\_\_\_  
Belleview, FL 34420 \_\_\_\_\_

**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 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*

Diana Ryon  
Required Signature of Registered Agent

11/10/20  
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.*

Diana Ryon  
Required Signature of Incorporator

11/10/20  
Date