

P00000018013
TRANSMITTAL LETTER

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

FILED
00 FEB 16 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: The Family Circle... making memories, Inc.
(Proposed corporate name - must include suffix)

600003137486-5
-02/16/00-01069-014
*****87.50 *****87.50

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

PAULA G. Wallen

Name (Printed or typed)

4765 NE 27th Court

Address

Ocala, Florida 34479

City, State & Zip

352-369-7399

Daytime Telephone number

FEB 16 2000

FEB 2 1 2000

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

The Family Circle... *making memories*, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4765 NE 27th Court, Ocala, Florida 34479

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

50,000 shares of common stock, no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

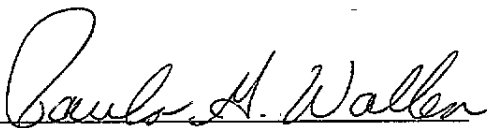
The name and Florida Street address of the initial registered agent are:

William H. Wallen, 4765 NE 27th Court, Ocala, Florida 34479

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Paula G. Wallen 4765 NE 27th Court, Ocala, Florida 34479

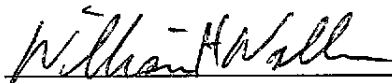


Signature of Incorporator

2-10-00

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent

2-10-00

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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