

P01000110602

TRANSMITTAL LETTER

FILED
01 NOV 19 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Handmade Accessories, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800004684529--4
-11/16/01--01010--003
*****87.50 *****87.5L

Enclosed are 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: Lisa von Thaden
Name (Printed or typed)

805 W. Virginia Ave.
Address

Tampa, Florida 33603
City, State & Zip

Lisa Von Thaden GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art. IV
DATE 11-19-01
DOC. EXAM WC

(813) 221-8238
Daytime Telephone number

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

11-19-01
WC

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Handmade Accessories, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

805 W. Virginia Ave.
Tampa, Florida 33603

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

1 share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Lisa vonThaden
805 W. Virginia Ave.
Tampa, Florida 33603
COO

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

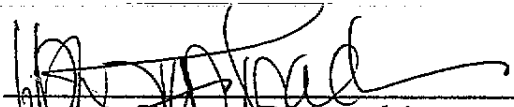
Lisa vonThaden
805 W. Virginia Ave.
Tampa, Florida 33603

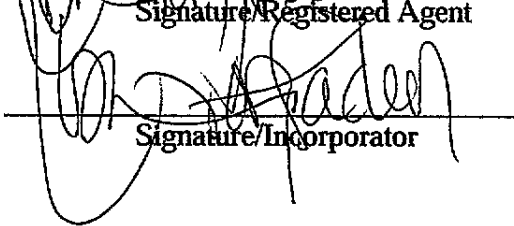
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisa vonThaden
805 W. Virginia Ave.
Tampa, Florida 33603

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


Signature/Registered Agent


Signature/Incorporator

Date

Date