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

SUBJECT: <u>Baby's Two Consignment and Rentals, Inc.</u> (Proposed corporate name – must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:



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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

DIVISION OF CORPORAT

The name of the corporation shall be:

Baby's Two Consignment and Rentals, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1728 SE Port St. Lucie Blvd. Port St. Lucie, FL 34952

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: <u>Julia Cope</u> <u>1538 SE Crowberry Dr.</u> <u>Port St. Lucie, Florida 34983</u> Phone (772) 340-4584

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Julia Cope 1538 SE Crowberry Dr. Port St. Lucie, Florida 34983

Jeremy Cope 1538 SE Crowberry Dr. Port St. Lucie, Florida 34983

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this<u>September 6, 2002</u>.

Signature Signature Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF

REGISTERD AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The Name of the corporation is: <u>Baby's Two Consignment and Rentals, Inc.</u>
- 2. The Name and address of the registered agent and office is:

<u>Julia Cope</u> <u>1538 SE Crowberry Dr.</u> <u>Port St. Lucie, Florida 34983</u> Daytime Phone (772) 340-4584

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.

9/6/2002

