

PO20000130325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

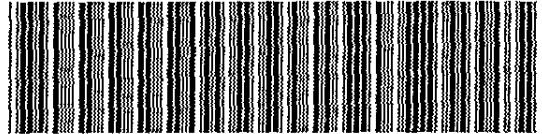
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/25/02--01055--013 **78.75

FILED
2002 DEC 10 PM 2:50
FALLA M. J. P. 2002
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2544
W02-33877

12/11/02

TRANSMITTAL LETTER

FILED

2002 DEC 10 PM 2:50

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Missing Link, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Linda Hoban

Name (Printed or typed)

1800 Alamanda Dr.

Address

Naples, FL 34102

City, State & Zip

239-659-6412

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

RECEIVED

02 DEC 10 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 3, 2002

LINDA HOBAN
1800 ALAMANDA DRIVE
NAPLES, FL 34102

SUBJECT: MISSING LINK, INC.
Ref. Number: W02000033877

We have received your document for MISSING LINK, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 902A00064197

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2002 DEC 10 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

Missing Linx, Inc.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1800 Alamanda Dr.
Naples, FL 34102

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To be a distributor of Italian Charm Bracelets, Charms and other related items

ARTICLE IV SHARES

The number of shares of stock is:

100 (\$1.00 par value)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

President/Treasurer, Linda Hoban, 1800 Alamanda Dr. Naples, FL 34102
Vice President, Monica Stoneburner, 3103 LeeWard Ln, Naples, FI 34103

ARTICLE VI REGISTERED AGENT

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

Linda Hoban, 1800 Alamanda Dr., Naples, FL 34102

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Linda Hoban, 1800 Alamanda Dr., Naples, FL 34102

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

Linda M Hoban
Signature/Registered Agent

12/5/02

Date

Linda M Hoban
Signature/Incorporator

12/5/02

Date