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(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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## TRANSMITTAL LETTER

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

SUBJECT: M R S. B I D E T, I N C.  
(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      ☐ \$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:

DONNA COHEN

Name (Printed or typed)

P. O. BOX # 1500

Address

HOLLYWOOD, FLORIDA 33022- 1500

City, State & Zip

954 / 922 - 1111

Daytime Telephone number

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

## 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:

MRS. BIDET, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6 5 5 N. W. 122 STREET  
NORTH MIAMI, FLORIDA 33168 - 2532

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSES.

### ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED ( 100 )

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

DONNA COHEN  
6 5 5 N. W. 1 2 2 STREET  
NORTH MIAMI, FLORIDA 33168 - 2532  
PRESIDENT AND SECRETARY

### ARTICLE VI REGISTERED AGENT

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

DONNA COHEN  
6 5 5 N. W. 122 STREET  
NORTH MIAMI, FLORIDA 33168 - 2532

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DONNA COHEN  
6 5 5 N. W. 122 STREET  
NORTH MIAMI, FLORIDA 33168 - 2532

\*\*\*\*\*  
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

DONNA COHEN Donna Cohen  
Signature/Registered Agent

MARCH 29, 2004

Date

DONNA COHEN Donna Cohen  
Signature/Incorporator

MARCH 29, 2004

Date

FILED

04 MAR 31 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA