

P05000127791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500058995755

09/14/05--01019--021 **87.50

FILED
05 SEP 19 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/19/05
BWK

WDS-42794

COVER LETTER

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

SUBJECT: Strawberry Stitchery, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Strawberry Stitchery, Inc.
Name (Printed or typed)

219 Johnson Ave.
Address

Cape Canaveral, FL 32920
City, State & Zip

321-783-4161-H
321-917-8192
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 14, 2005

STRAWBERRY STITCHERY, INC.
219 JOHNSON AVE.
CAPE CANAVERAL, FL 32920

SUBJECT: STRAWBERRY STITCHERY
Ref. Number: W05000042794

We have received your document for STRAWBERRY STITCHERY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

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) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 705A00056879

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:

Strawberry Stitchery Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*219 Johnson Ave.
Cape Canaveral, FL 32920*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*the sales of fabrics, books, and
sewing & quilting notions with quilting, sewing & embroidery
services.*

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*Jo Marilyn Townsend, Pres.
Ross McCluskey, Secretary & Treasurer*

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Jo Marilyn Townsend
219 Johnson Ave.
Cape Canaveral, FL 32920*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Jo Marilyn Townsend
219 Johnson Ave.
Cape Canaveral, FL 32920*

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

Jo Marilyn Townsend

Signature Registered Agent

Jo Marilyn Townsend

Signature/Incorporator

9/9/05

Date

9/9/05

Date

FILED

05 SEP 19 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA