

306000064411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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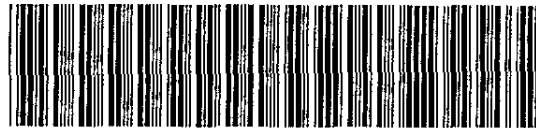
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/08/06--01043--008 **78.75

FILED
06 MAY -8 PM 4:39
TALLAHASSEE, FLORIDA

5/8/06

COVER LETTER

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

SUBJECT: BRACELETS FOR DISEASES, 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: LAURIE A. SOMERVILLE
Name (Printed or typed)

P.O. BOX 5934
Address

LAKE WORTH, FL 33466-5934
City, State & Zip

561-543-6828
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:

BRACELETS FOR DISEASES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 7911 BLACKWOOD LANE
LAKE WORTH, FL 33467

MAILING ADDRESS:

P.O. BOX 5934
LAKE WORTH, FL 33466-5934

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PRODUCE AND SELL
MEDICAL ID BRACELETS

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): LAURIE A. SOMERVILLE - PRESIDENT/TREASURER/
SECRETARY

LARRY E. JEFFERS - VP
7911 BLACKWOOD LANE
LAKE WORTH, FL 33467

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ARTICLE VI REGISTERED AGENT

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

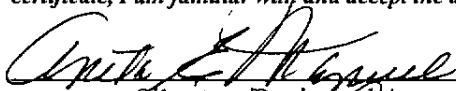
ANITA E. MANUEL
44 COCOANUT ROW, SUITE T-5
PALM BEACH, FL 33480

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LAURIE A. SOMERVILLE
7911 BLACKWOOD LANE
LAKE WORTH, FL 33467

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

5-4-06

Date



Signature/Incorporator

5-4-06

Date

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06 MAY -8 PM 4:39
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