

P08000020239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

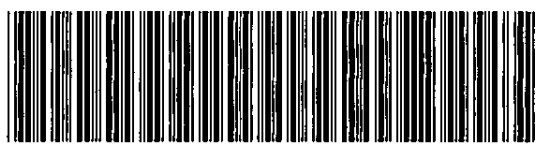
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900118519709

02/25/08--01052--020 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 25 PM 3:14

gf 2/26/08

**COVER LETTER**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**08 FEB 25 PM 3:14**

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

**SUBJECT:** Crafts By Shari, 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Shari Ann Boragine  
Name (Printed or typed)

15390 82nd Lane North  
Address

Loxahatchee, FL 33470  
City, State & Zip

561-818-0774  
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:

**Crafts By Shari, Inc.**

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Both mailing and business are:

15390 82nd Lane North

Loxahatchee, FL 33470

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

### **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):

Shari Ann Boragine

15390 82, Lane North

Loxahatchee, FL 33470

Title: President, Owner

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 25 PM 3:14

**ARTICLE VI REGISTERED AGENT**

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

Shari Ann Boragine  
15390 82nd Lane North  
Loxahatchee, FL 33470

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Shari Ann Boragine  
15390 82nd Lane North  
Loxahatchee, FL 33470

\*\*\*\*\*

*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*

Shari A Boragine  
Signature/Registered Agent

2-21-08

Date

Shari A Boragine  
Signature/Incorporator

2-21-08

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 25 PM 3:14