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SECRETARY OF STATE OHS

EP8/12/08

COVER LETTER

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

SUBJECT: Winifred'S Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	.UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	SARA A Name			
	Hollywood	Address		
	,	849-136		

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: Winifred's Inc. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 15621 SW 16 ct. Pembroke Pines, FL 33027 Having address: 1. O. Box 813365 Holywood, Fl 33081-*ARTICLE III PURPOSE* The purpose for which the corporation is organized is: On-line Sales ARTICLE IV SHARES The number of shares of stock is: 100 Shanes Common, Par Value \$1 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): SARA A. FRIBAY, President P.O. BOX 813365 Hollywood, FL 33081-3365 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: SARA A. FRIDAY 15621 Sw 16 RCt Pembroke Pines, FL 33027 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: SARA A. FRIDAY 15621 SW 16th Ct Pembroke Pines FL 33027 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 8/5/08 Date Signature/Registered Agent