

PO9000049229

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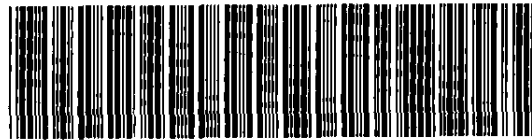
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/09--01019--008 **78.75

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09 JUN -3 PM 12:38

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COVER LETTER

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

SUBJECT: Badd Baby, 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: Natasha Allison
Name (Printed or typed)

601 Sycamore St #6108
Address

Celebration, FL 34747
City, State & Zip

561-929-6855
Daytime Telephone number

baddbaby@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2009

NATASHA ALLISON
601 SYCAMORE ST #6108
CELEBRATION, FL 34747

SUBJECT: BADD BABY, INC
Ref. Number: W09000024202

We have received your document for BADD BABY, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the corrected 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) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 509A00017391

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:

Badd Baby, Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

601 Sycamore St #6108
Celebration, FL 34747

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail

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):

Natasha Allison owner/president
601 Sycamore St
#6108 Celebration, FL 34747

ARTICLE VI REGISTERED AGENT

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

Natasha Allison
601 Sycamore St
#6108 Celebration, FL 34747

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Natasha Allison
601 Sycamore St
6108 Celebration, FL 34747

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

Natasha Allison

Signature/Registered Agent

Natasha Allison

Signature/Incorporator

5/15/09

Date

5/15/09

Date

FILED
09 JUN -3 PM 12:33