

P09000054135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

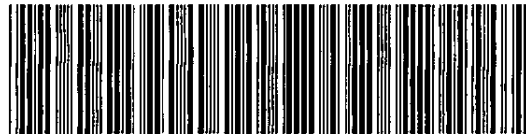
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09 JUN 18 AM 5:38

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COVER LETTER

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

SUBJECT: BRIDESFACE, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Amber Shemansky
Name (Printed or typed)

3501 Health Center Blvd, Unit 2430
Address

Bonita Springs, FL 34135
City, State & Zip

239-248-2599
Daytime Telephone number

chicandcompany@yahoo.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

June 3, 2009

AMBER SHEMANSKY
3501 HEALTH CENTER BLVD UNIT 2430
BONITA SPRINGS, FL 34135

SUBJECT: BRIDESFACE, INC.
Ref. Number: W09000025954

We have received your document for BRIDESFACE, 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: 609A00018662

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: BRIDESFACE, INC.

ARTICLE II PRINCIPAL OFFICE

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

3501 Health Center Blvd
Ste. 2430
Bonita Springs, FL 34135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide online resource information to brides-to-be and their families for planning all aspects of their weddings.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Amber Shemansky, 3501 Health Center Blvd, Unit 2430.
Bonita Springs, FL 34135

ARTICLE VI REGISTERED AGENT

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

Amber Shemansky
3501 Health Center Blvd, Unit 2430
Bonita Springs, FL 34135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

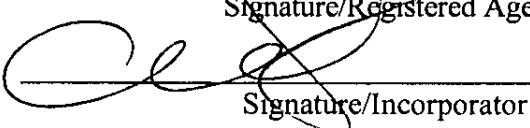
Amber Shemansky
3501 Health Center Blvd, Unit 2430
Bonita Springs, FL 34135

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

Date



Signature/Incorporator

Date

FILED
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