

P110000044102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

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MAY -6 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ps 5/9/11

**COVER LETTER**

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

**SUBJECT: Take the shirt off my back Corporation**  
(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: janice fletcher  
Name (Printed or typed)

6641 blue bay circle  
Address

lake worth florida 33467  
City, State & Zip

561 964-9251  
Daytime Telephone number

fatsanta@bellsouth.net  
E-mail address: (to be used for future annual report notification)

**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:

Take the shirt off my back Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6641 blue bay circle  
Lake worth, FL 33467

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
profit

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 at 1.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: janice fletcher president  
Address: 6641 blue bay circle  
lake worth florida  
33467

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

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

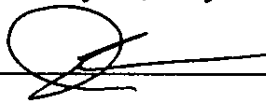
Name: janice fletcher  
Address: 6641 blue bay circle  
lake worth florida 33467

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: janice fletcher  
Address: 6641 blue bay circle  
lake worth florida 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

 JANICE FLETCHER  
Required Signature/Registered Agent

5-4-11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 JANICE FLETCHER  
Required Signature/Incorporator

5-4-11  
Date