

P11000044617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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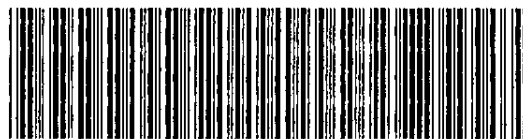
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2011 MAY -9 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 10 2011

COVER LETTER

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

SUBJECT: Chill-N-Wear, 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: Paul McDaniel

Name (Printed or typed)

182 NW Heritage Dr.

Address

Lake City, FL 32055

City, State & Zip

(386) 288-5132

Daytime Telephone number

chillnwear@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Chill-N-Wear, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
182 NW Heritage Dr.
Lake City, FL 32055

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To produce a fashionable outerwear clothing line that will allow cooling capabilities during hot weather environments.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul McDaniel, Director
Address: 182 NW Heritage Dr.
Lake City, FL 32055

Name and Title: Don Reed, Officer
Address: 2230 SE Baya Dr.
Lake City, FL 32025

Name and Title: Leslie McDaniel, Director
Address: 182 NW Heritage Dr.
Lake City, FL 32055

Name and Title: _____
Address: _____

Name and Title: LaVon McDaniel, Officer
Address: 2323 NW 40th Pl
Gainesville, FL 32605

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Paul McDaniel
Address: 182 NW Heritage Dr.
Lake City, FL 32055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paul McDaniel
Address: 182 NW Heritage Dr.
Lake City, FL 32055

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

Paul McDaniel

Required Signature/Registered Agent

5/5/2011
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.

Paul McDaniel

Required Signature/Incorporator

5/5/2011
Date

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TALLAHASSEE, FLORIDA