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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

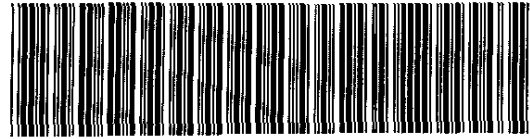
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/28/11--01027--005 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP 28 PM 3:12

DIVISION OF CORPORATIONS

11 SEP 20 AM 7:38

FILED

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MPS  
9/28

**COVER LETTER**

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

**SUBJECT: Tissue Teddy, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: Jon-Paul Amesbury**  
Name (Printed or typed)

**124 Bonita Road**  
Address

**St Augustine, FL 32086**  
City, State & Zip

**9546510537**  
Daytime Telephone number

**info@tissueteddy.com**  
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** Tissue Teddy, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 124 Bonita Road  
St Augustine  
FL 32086  
Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
The manufacture and retail sales of a tissue holder

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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


Name and Title: Jon-Paul Amesbury	Name and Title: _____
Address: 124 Bonita Road	Address: _____
St Augustine, FL 32086	_____
_____	_____
Name and Title: Darlene Nicole Amesbury	Name and Title: _____
Address: 124 Bonita Road	Address: _____
St Augustine, FL 32086	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

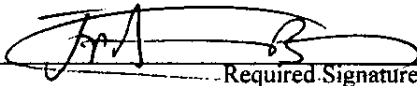
**ARTICLE VI REGISTERED AGENT**  
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: Jon-Paul Amesbury  
Address: 124 Bonita Road  
St Augustine, FL 32086

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: Jon-Paul Amesbury  
Address: 124 Bonita Road  
St Augustine, FL 32086

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent  
09/19/2011  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator  
09/19/2011  
Date