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COVER LETTER

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

SUBJECT: Pillow Palz Inc.				
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the arti-	cles of incorporation an	d a check for:		
\$70.00 \$78.75	\$78.75	\$87.50		
Filing Fee Filing Fee	Filing Fee	L_Filing Fee,		
& Certificate of Status	& Certified Copy	Certified Copy		
		& Certificate of		
	L D D T T C D T L C	Status		
	ADDITIONAL C	OPY REQUIRED		
	<u> </u>			
FROM: Brett Harkins		3444 a \$		
Name	(Printed or typed)	<u>*</u>	3	
		A C	~	
Name (Printed or typed) Address Name (Printed or typed) Address Address Name (Printed or typed) Address Address				
A	Address	Sign To		
Madeira Beach, Florida 33708			्र कुर्यु र्ग जग्नुवर्ग	
City,	State & Zip		Tales of the	
440.050.5507		क		
440-258-5527				
Daytime 1	elephone number			
bretth@mypillowpalz.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)

The name of the co	NAME Pillow Palz Incorpora proporation shall be:	ted	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing add	ress, if different is:
	1701 Duhme Road, Unit 1-D		
<u>v</u>	Madeira Beach, Florida 33708		
ARTICLE III	PURPOSE		
	hich the corporation is organized is: and distribution of plush pillows that	at are likeness! of colobrit	ioc
Manufacture	and distribution of plush pillows the	at are likeriess of celebrii	1162
ARTICLE IV	SHARES 100		
The number of shar	res of stock is:		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT		
Address:	4701 Duhme Road, Unit 1-D	A 1.1	
Addi¢ss.	Madeira Beach, Florida 33708	······	
Name and Ti	tle: Don Harkins - Managing Partne	r Name and Title:	
Address:	19000 Lake Road, Unit 5408	Address:	
	Rocky River, Ohio 44116		
Name and Ti	tle:	Name and Title:	
Address:		Address:	
		· · ·	
4 10/11/01 10 101			20
	REGISTERED AGENT	a) of the registered agent is:	200
Name:	rida street address (P.O. Box NOT acceptable Brett Harkins	of the registered agent is.	
Address:	4701 Duhme Road, Unit 1-D		SS
	Madeira Beach, Florida 33708	<u> </u>	mid ω pian
	717000000 4 MOD		
ARTICLE VII	INCORPORATOR		9 = 7
Name:	Iress of the Incorporator is: Brett Harkins		5 = -
Address:	4701 Duhme Road, Unit 1-D		· cv
	Madeira Beach, Florida 33708		
Having been name	ed as registered agent to accept service of pro	cess for the above stated cornora	tion at the place designated in
	n familiar with and accept the appointment as		
É			1-8-12
	Required Signature/Registered Agent		Date
Facility 12 At 1		and the face are the first the first	las lufomustias aukssius J. i
	ment and affirm that the facts stated herein epartment of State constitutes a third degree fe		
7	,		
/_	Required Signature/Incorporator		1-3-12 Date
	required Signature/Incorporator		Date