P12000012028

(Requestor's Name)
(Address)
(Astalanaan)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special/Instructions to Filing Officer:
Sanacher Polanes
AUTHORIZATION BY PHONE TO
DATE 2/3//3
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Office Use Only



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MRD/12

COVER LETTER

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

SUBJECT: F&F Teddy INC	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Samadhy Polo Name	QOCO (Printed or typed)
901 Stackport	Address
KISSIMMEE FL City,	34758 State & Zip
407-483-810	
Fond Fleddy (1) no	Tor future annual report notification)

NOTE: Please provide the original and one copy of the articles.



RECEIVED 12 JAN 23 PM 3: 42

FLORIDA DEPARTMENT OF STATE OF STATES

January 10, 2012

SAMADHY POLANCO 901 STOCKPORT DR KISSIMMEE, FL 34758

SUBJECT: F & F TEDDY INC. Ref. Number: W12000001663.

We have received your document for F & F TEDDY 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):

List the corporation name in Article I of the form. Also complete Article III.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 012A00000664



January 24, 2012

SAMADHY POLANCO 901 STOCKPORT DR KISSIMMEE, FL 34758

SUBJECT: F & F TEDDY INC Ref. Number: W12000004523

We have received your document for F & F TEDDY 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):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 212A00001714

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NA	IME ration shall be: F& F Teddy Inc	·	
9	Principal street address Of Stockport Drussimmer, FL.34758		Mailing address, if different is:
The purpose for which	RPOSE n the corporation is organized is:	•	12 FEB TALLAH
Mainte	·		-3 PM 3: 43 ARY OF STATE ASSEE, FLORIE
ARTICLE IV SE			FATE 13
Name and Title: Address:	KISSIMMEE FL 34758	S Name and Ti Address:	itle: Mkinager/Samadhy Polanci 901 Etockport Dr Kissimher FU 34758
Name and Title Address:		Name and T Address:	itle:
Name and Title: Address:		_ Address:	itle:
ARTICLE VI RE	GISTERED AGENT	-	
	a street address (P.O. Box NOT acceptable) of	the registered a	agent is:
Name: Address:	Samadhy Polynco 901 Stockport Dr KISSIMMER FL 34758	- , - -	<i>u</i>
ARTICLE VII IN	CORPORATOR		
The name and addres			
Name:	Samadhy Polanco	_	
Address:	901 Stockpart Dr Kissimmer FL 34758	- -	
Having been named a this certificate, I am fa	miliar with and accept the appointment as reg	s for the above istered agent a	e stated corporation at the place designated in nd agree to act in this capacity
Samac	Required Signature/Registered Agent		Date .
I submit this documen document to the Depar	nt and affirm that the facts stated herein are rtment of State Constitutes a third degree felon	true. I am aw y as provided fo	vare that the false information submitted in a or in s.817.155, F.S.
Somioli	hef scanco Required Signature/Incorporator		1/6/12 Date