

P12000049202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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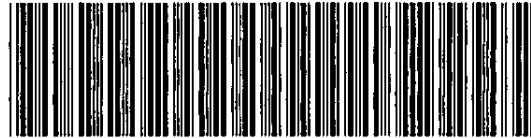
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/25/12--01023--008 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 25 AM 11:41

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COVER LETTER

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

SUBJECT: Betsy Ross Industries 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: ELAINE SHURE
Name (Printed or typed)
905 ORCHID Lane
Address
GULFSTREAM FL 33483
City, State & Zip
561-330-4331
Daytime Telephone number
ELAINE.SHURE@aol.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)

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ARTICLE I NAME

The name of the corporation shall be:

BETSY ROSS INDUSTRIES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

905 ORCHID Lane
GULFSTREAM FL 33483

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Internet MARKET¹⁹⁹ of products for home, pets in
PATRIOTIC themes and Decorative themes & Religious
themes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELAINE SHURE CEO
Address: 905 ORCHID Lane
GULFSTREAM FL
33483

Name and Title: _____
Address: _____

Name and Title: EVA N. SHURE
Address: 55 WALL STREET
NY NY 10005 V.P.

Name and Title: _____
Address: _____

Name and Title: ELAINE SHURE TREASURER
Address: * SECRETARY
905 ORCHID Lane
GULFSTREAM FL 33483

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: SHELDON BERENS
Address: 905 GULFSTREAM FL
33483

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ELAINE SHURE
Address: 905 ORCHID Lane
GULFSTREAM FL 33483

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

Sheldon L. Berens
SHELDON L. BERENS
Required Signature/Registered Agent

5/23/2012
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.

Elaine Shure CEO
Required Signature/Incorporator
Elaine Shure CEO

5/23/2012
Date