

P12000049809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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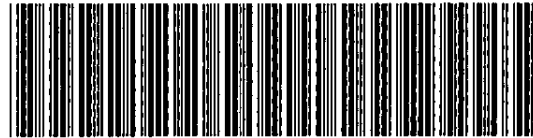
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700233025507

05/07/12--01016--010 **78.75

W-25498

FILED
12 MAY 29 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FL 09100

2009 MAY 30 2012

COVER LETTER

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

SUBJECT: **CRADLE CORPORATION**

(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: **RHONA HYMAN**

Name (Printed or typed)

4490 NW 43 STREET

Address

LAUDERDALE LAKES, FL 33319

City, State & Zip

(954) 714-8757

Daytime Telephone number

cradleconnection@yahoo.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 MAY 29 PM 3:56
DIVISION OF CORPORATIONS

May 8, 2012

RHONA HYMAN
4490 NW 43 STREET
LAUDERDALE LAKES, FL 33319

SUBJECT: CRADLE CORPORATION
Ref. Number: W12000025498

We have received your document for CRADLE CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 412A00013755

ARTICLES OF INCORPORATION

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

ARTICLE I NAME WINNOX CORPORATION
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4490 NW 43 STREET
LAUDERDALE LAKES, FL 33319

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PERSONNEL MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is: 100 COMMON STOCK, PAR VALUE \$0.10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RHONA HYMAN, PRESIDENT & TREASURER
Address: 4490 NW 43 STREET
LAUDERDALE LAKES, FL 33319

Name and Title:
Address:

Name and Title: CHRISTOPHER O. HYMAN, VICE PRESIDENT
Address: 4490 NW 43 STREET
LAUDERDALE LAKES, FL 33319

Name and Title:
Address:

Name and Title: LISA HYMAN-GOODRIDGE, SECRETARY
Address: 4490 NW 43 STREET
LAUDERDALE LAKES, FL 33319

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

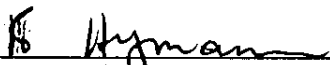
Name: RHONA HYMAN
Address: 4490 NW 43 STREET
LAUDERDALE LAKES, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RHONA HYMAN
Address: 4490 NW 43 STREET
LAUDERDALE LAKES, FL 33319

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

05-19-12

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

05-19-12

Date

FILED
12 MAY 29 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FL 32399

WINNOX CORPORATION

ARTICLE VIII INDEMNIFICATION OF OFFICERS

ALL OFFICERS OF THE CORPORATION ARE HEREBY GRANTED INDEMNITY BY VIRTUE OF THIS INCORPORATION, WITH RESPECT TO ANY ACTION TAKEN BY ANY OF THEM ON BEHALF OF THE CORPORATION AND MAY NOT BE HELD PERSONALLY RESPONSIBLE, EXCEPT IN CASES OF DELIBERATELY PERPETRATED FRAUD.

ARTICLE IX DISSOLUTION AND ASSET DISTRIBUTION

IN THE EVENT OF THE DISSOLUTION OF THE CORPORATION, ALL CORPORATE ASSETS SHALL BE LIQUIDATED. ANY RESIDUAL ASSETS, AFTER ALL CORPORATE LIABILITIES HAVE BEEN SATISFIED, SHALL BE DISTRIBUTED TO THE INCORPORATOR.

FILED
12 MAY 29 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA