

P12000062073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

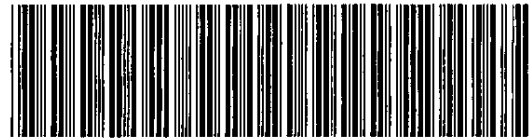
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUL 13 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS 7/16/12

COVER LETTER

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

SUBJECT: Nap Pad Covers R Us, 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: Kimberly Fleming

Name (Printed or typed)

735 Johnson Lake Rd

Address

Deleon Springs, Fl. 32130

City, State & Zip

386-527-2049

Daytime Telephone number

rcfkdn@bellsouth.net

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 Nap Pad Covers R Us, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
735 Johnson Lake Rd
Deleon Springs, Fl. 32130

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To Cover Pad for kids in day care or pre- school

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberly Fleming

Address: 735 Johnson Lake Rd
Deleon Springs, Fl. 32130

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Kimberly Fleming

Address: 735 Johnson Lake Rd
Deleon Springs, Fl. 32130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kimberly Fleming

Address: 735 Johnson Lake Rd
Deleon Springs, Fl. 32130

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

6-19-2012
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.


Required Signature/Incorporator

6-19-2012
Date

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