- P 20084032

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ac | ldress) | | | |
| (Ac | ldress) | | | |
| (Ci | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



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| ARTICLE 1 1 The name of the corp | WAME MOTT'S MBROIDERY oration shall be: | INC | 12 OCT -3 AM 9: 51 |
|---|--|--|---|
| | PRINCIPAL OFFICE Principal street address 039 DEERTRACK LOOP | | ling address, if different is: |
| | PRINGHILL, FL 34610 | | AKES, FL 34639 |
| TO ENGAGE I | URPOSE ch the corporation is organized is: N ANY ACIVITY OR BUSINESS PIES AND THE STATE OF FLORIDA | | ER THE LAWS OF THE |
| ARTICLE IV S The number of shares | SHARES s of stock is 100 | | |
| | NITIAL OFFICERS AND/OR DIRECTOR MAUREEN OTT, PRESIDENT 12039 DEERTRACK LOOP SPRINGHILL, FL 34610 | Name and Title: Address: | |
| Name and Title Address: | e; | Name and Title: Address: | |
| Name and Title Address: | e: | | |
| ARTICLE VI R | EGISTERED AGENT | | |
| The <u>name and Flori</u> | da street address (P.O. Box NOT acceptable) o | f the registered agent is | : |
| Name: Address: | MAUREEN OTT 12039 DEERTRACK LOOP SPRINGHILL, FL 34610 | | |
| ARTICLE VII I | NCORPORATOR | | |
| | ess of the Incorporator is: | | |
| Name: Address: | MAUREEN OTT 12039 DEERTRACK LOOP SPRINGHILL, FL 34639 | _ _ _ | |
| Having been named this certificate, I am | as registered agent/to accept service of proces familiar with and accept the appointment as reg | ss for the above stated gistered agent and agre | corporation at the place designated in e to act in this capacity |
| //(| Ruesent MAA. | | SEPT 29, 2012 |
| | Required Signature/Registered Agent | | Date |
| document to the Dep | ent and affirm that the facts stated herein are artment of State constitutes a third degree felon | | |
| // | Required Signature/Theorporator | | SEPT 29, 2012 |
| | Required Signature/Theorporator | | Date |
| | / | | |