

P120000095340

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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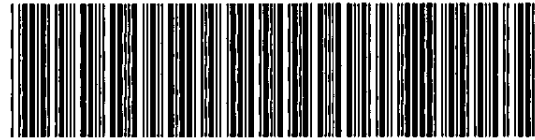
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YMD 11/16

COVER LETTER

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

SUBJECT: **BARBARA & PATRICIA DESIGNS 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: **PATRICIA A TEGANO**
Name (Printed or typed)

1925 TIMBERLINE DR
Address

NAPLES, FL 34109
City, State & Zip

(239) 566-3658
Daytime Telephone number

ROSER@GAGLLC.COMCASTBIZ.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

The name of the corporation shall be: **BARBARA & PATRICIA DESIGNS INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1925 TIMBERLINE DRIVE
NAPLES, FL 34109

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HAIR SALON

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARBARA J. REITINGER, DIRECTOR	Name and Title: PATRICIA A. TEGANO, DIRECTOR
Address: 1925 TIMBERLINE DRIVE	Address: 1925 TIMBERLINE DRIVE
NAPLES, FL 34109	NAPLES, FL 34109

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: **BARBARA J. REITINGER**
Address: **1925 TIMBERLINE DRIVE**
NAPLES, FL 34109

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **PATRICIA A. TEGANO**
Address: **1925 TIMBERLINE DRIVE**
NAPLES, FL 34109

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

Barbara J. Reitingner
Required Signature/Registered Agent

11/13/12
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.

Patricia A. Tegano
Required Signature/Incorporator

11/13/12
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA