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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

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

SUBJECT: Big	Daddy's T's, Inc.		
Sebeleit	(PROPOSED CORPORA'	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	l 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Big Daddy's T's, In	IC.	
1 (C)	Name	(Printed or typed)	
1	089 Conover St.		
_	A	Address	
P	ort Charlotte, FL		
	City,	State & Zip	
9	41-625-1285		
	Daytime T	elephone number	

1089stacey@comcast.net

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

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

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

ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailing add	dress, if different is:	
	1089 Conover St Port Charlotte, FL 33952			
	Port Grandite, FL 33502		<u> </u>	
			7 D	
RTICLE III	which the corporation is organized is:			
• •			N T	
Internet tee-shirt Sales			Service Control	
			THE IT	
ARTICLE IV	SHARES		om co	
he number of sh	nares of stock is: 100		•	
	INITIAL OFFICERS AND/OR DIREC	TORS		
	Title: Stacey I. Kem		·	
Address:	1089 Conover St			
	Port Charlotte, FL 33952			
	 			
Name and	Title:	Name and Title:		
Address:		Address:		
Name and	Title:	Name and Title:		
Address:	Title.	Address:		
				
ARTICLE VI	REGISTERED AGENT			
	Ilorida street address (P.O. Box NOT acceptate	le) of the registered agent is:		
Name:	Stacey L Kem			
Address:	1089 Conover St			
	Port Charlotte, Fl. 33952	<u> </u>		
ARTICLE VII	INCORPORATOR			
The <u>name and a</u>	ddress of the Incorporator is:			
Name:	Stacey L Kern			
Address:	1089 Conover St			
	Port Charlotte, FL 33952			
Uanina kaan	med as registered agent to accept service of p	noass for the above stated corner	ration at the place decimeted	
	meu as registereu agent to accept service of pr am familiar with and accept the appointment			
Lan-	an junian min una accept me apponiment	· · · · · · · · · · · · · · · · · · ·		
Tiappea	\mathcal{O} \mathcal{V}_{\bullet}	••	12-14-12	
Mucey .	Required Signature/Registered Agen		Dute	
v	Required Signature/Registered Agen	• • •	17410	
submit this do	cument and affirm that the facts stated hereio	are true. I am aware that the f	alse information submitted in	
lociyne <u>nt to t</u> he	Department of State constitutes a third degree	felony as provided for in s.817.15	2. F.C	
ITO.	$\mathcal{L}_{\mathcal{L}_{\alpha}}$	•	12-14-12	
muce	y x run	•	1 - 1 +	
	Required Signature/Incorporator		Date	