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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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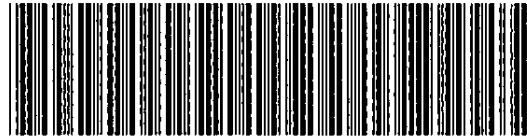
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAY 23 PM 4:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/4

COVER LETTER

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

SUBJECT: Certified Sisters, 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: Catherine A. Lewis

Name (Printed or typed)

7329 Serrano Terrace

Address

Delray Beach, FL 33446-2215

City, State & Zip

561-302-9866

Daytime Telephone number

barb@agertoncpa.com

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Certified Sisters, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

c/o Cathy Lewis

7329 Serrano Terrace

Delray Beach, FL 33446-2215

Mailing address, if different is:

c/o Deborah Bacarella

PO Box 1584

Boca Raton, FL 33429

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Certified Sisters, Inc. provides educational services, conducting workshops in the field of self-help and distribution of educational materials in connection therewith.

ARTICLE IV SHARES

The number of shares of stock is: 3000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Catherine A. Lewis, President

Address: 7329 Serrano Terrace

Delray Beach, FL 33446-2215

Name and Title: Deborah Bacarella, Vice Pres

Address: PO Box 1584

Boca Raton, FL 33429

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Catherine A. Lewis
Address: 7329 Serrano Terrace
Delray Beach, FL 33446-2215

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Catherine A. Lewis
Address: 7329 Serrano Terrace
Delray Beach, FL 33446-2215

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

<u>Catherine A Lewis</u>	<u>5-18-13</u>
Required Signature/Registered Agent	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.

<u>Catherine A Lewis</u>	<u>5-18-13</u>
Required Signature/Incorporator	Date