

P130000065421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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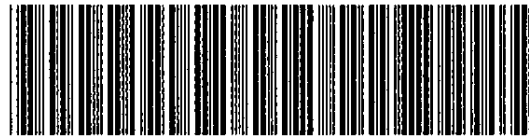
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

VH

COVER LETTER

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

SUBJECT: Quilting Bee Embroidery, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: E Rae Solomon
Name (Printed or typed)
5129 Bonnybrook Drive E
Address
Lakeland, FL 33811-1629
City, State & Zip
863.661.6503
Daytime Telephone number
quiltingbeeembroidery@gmail.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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ARTICLE I NAME

The name of the corporation shall be: Quilting Bee Embroidery, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5129 Bonnybrook Drive E

Lakeland, FL 33811-1629

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Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: profit

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: E Rae Solomon, P/D

Address: 5129 Bonnybrook Drive E

Lakeland, FL 33811

Name and Title: Bobbi L Claytor, VP/D

Address: 151 Springbrook Drive

Evanston, WY 82930

Name and Title: Kelli R Pontzer, ST/D

Address: 237 Fairview Road

Kersey, PA 15846

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: E Rae Solomon
Address: 5129 Bonnybrook Drive E
Lakeland, FL 33811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: E Rae Solomon
Address: 5129 Bonnybrook Drive E
Lakeland, FL 33811

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

E Rae Solomon

Required Signature/Registered Agent

08/01/2013

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.

E Rae Solomon

Required Signature/Incorporator

08/01/2013

Date