

P1300007330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

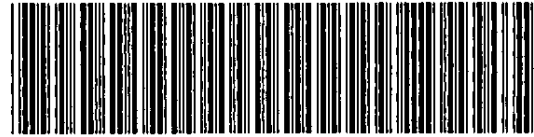
(Document Number)

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DIVISION OF CORPORATIONS
13 SEP -3 AM 11:14

[Handwritten signature]
9.6.13

COVER LETTER

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

SUBJECT: Cloud Soft Seats Manufacturing, 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: Jacquelyn Suzanne Tarter
Name (Printed or typed)

200 Waler way, suite #7
Address

Saint Augustine FL 32086
City, State & Zip

904-810-2096
Daytime Telephone number

info@bathbeautiful.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)

ARTICLE I NAME

The name of the corporation shall be: CLOUD SOFT SEATS MANUFACTURING, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

200 Waler way

Suite #7

ST. Augustine FL 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We manufacture padded toilet seats and bathroom accessories

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jacquelyn S. Tarter Name and Title:

Address 200 Waler way #7 Address:

ST. Augustine FL 32086

President

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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DIVISION OF CORPORATIONS
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(conti.)

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

ARTICLE VI REGISTERED AGENT

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

Name: Jacquelyn S. Tarter
Address: 200 Water way #7
St. Augustine, FL 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacquelyn S Tarter
Address: 200 Water way #7
St. Augustine, FL 32086

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

Jacquelyn Tarter
Required Signature/Registered Agent

8-29-2013
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.

Jacquelyn Tarter
Required Signature/Incorporator

8-29-2013
Date