## P13000084645

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>.</u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
		•
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STAFE
DIVISION OF CORPORATIONS

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## **COVER LETTER**

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

SUBJECT: JILLYBEANS CONSIGNMENT & MORE, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

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•\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

И: <u>_</u>	JILLIAN M. BUTZIN  Name (Printed or typed)
1	15155 NW 256TH ST
	Address
(	OKEECHOBEE, FL 34972
	City, State & Zip
(	(863) 484-0009
	Daytime Telephone number

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)

15155 NW 25	NCIPAL OFFICE Principal street address 6TH ST		Mailing ad	dress, if different is:
OKEECHOBE	E, FL 34972			
ARTICLE III PUR The purpose for which t	<b>POSE</b> he corporation is organized is:	ESTABLISHIN	G NEW BUSINESS FOR CONS	IGNMENT SALES, CANDY SALE
•	•			
				SECRET DINISION C
ARTICLE IV SHA The number of shares of			·	TIARY OF S
	<u>IAL OFFICERS AND/OR</u> JILLIAN M. BUTZ		S Name and Title:	**************************************
Address	15155 NW 256TH OKEECHOBEE, F	H ST	Address:	
	ONCEONOBLE, I	L 04072		
Name and Title:	JEFFREY A. BUT	ZIN (D)	Name and Title:	
Address	15155 NW 256TH	1 CT	Address:	
	OKEECHOBEE, F	L 34972		
Name and Title:			Name and Title:	

SECRETARY OF STATE DIVISION OF CORPORATION

Name a	nd Title:	Address:	T 15 PH 3: 42
7 todios		_ 11001000.	
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		-	
•		,	
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	Ftha magistamad ass	
The <u>name and r</u>	JILLIAN M BUTZIN	uie registereu age	att is:
Name:	** ***********************************	-	
Address:	15155 NW 256TH ST	_	
	OKEECHOBEE, FL 34972		
	·	-	•
ARTICLE VII	INCORPORATOR		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	JILLIAN M BUTZIN		
Address:	15155 NW 256TH ST		
	OKEECHOBEE, FL 34972		
Having been na this gertificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above sta istered agent and	ted corporation at the place designated in agree to act in this capacity
2000	M		10/02/2013
	Required Signature/Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein are a Department of State constitutes a third degree felon	true. I am aware y as provided for i	that the false information submitted in a n s.817.155, F.S.
Xillu	T		10/02/2013
	Required Signature/Incorporator	.,,,,	Date