

COVER LETTER

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

SUBJECT: Bespoken, 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: Cindy Smith

Name (Printed or typed)

4430 Lafayette St.

Address

Marianna, Fl. 32446

City, State & Zip

850-209-3022

Daytime Telephone number

smithandsmithjew@earthlink.net

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: Bespoken, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4430 Lafayette St.

Marianna, Fl. 32446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail gift and antique store

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cynthia S Smith D

Name and Title: _____

Address 4512 June Springs Drive

Address: _____

Marianna, Fl. 32448

Name and Title: Chuck R. Smith D

Name and Title: _____

Address 4512 June Springs Drive

Address: _____

Marianna, Fl. 32448

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 28 PM 4:47

(conti.)

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

ARTICLE VI REGISTERED AGENT

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

Name: Cynthia S. Smith
Address: 4512 June Springs Drive
Marianna, Fl. 32448

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Cynthia S. Smith
Address: 4512 June Springs Dr.
Marianna, Fl. 32448

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

Cynthia S. Smith
Required Signature/Registered Agent

2/24/14
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.

Cynthia S. Smith
Required Signature/Incorporator

2/14/14
Date