

P14000024542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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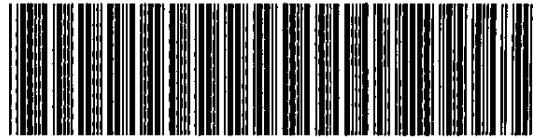
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 17 PM 3:22

3/19/14

**COVER LETTER**

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

**SUBJECT: Forget Me Not Box 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: Michele Nunnelley**

Name (Printed or typed)

**11137 Lake Butler Blvd**

Address

**Windermere Fl. 34786**

City, State & Zip

**407-402-1866**

Daytime Telephone number

**michelenunnelley@aol.com**

E-mail address: (to be used for future annual report notification)

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**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: **Forget Me Not Box INC**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**11137 Lake Butler Blvd Windermere fl. 34786**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Gift Boxes**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Michele Nunnelley/President**

Name and Title: \_\_\_\_\_

Address **11137 Lake Butler Blvd**

Address: \_\_\_\_\_

**Windermere Fl. 34786**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

(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: Michele Nunnelley  
Address: 11137 Lake Butler Blvd  
Windermere Fl. 34786

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michele Nunnelley  
Address: 11137 Lake Butler Blvd  
Windermere Fl. 34786

*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*

Michele Nunnelley  
Required Signature/Registered Agent

3/10/2014

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.*

Michele Nunnelley  
Required Signature/Incorporator

3/10/2014

Date

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