

P14000059905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

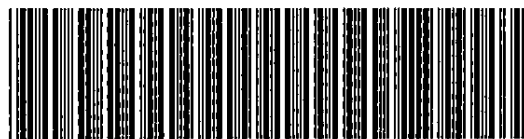
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/15/14

**COVER LETTER**

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

SUBJECT: The Fanci fluff ~~Company~~ Company  
(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: Julie McGonigle  
Name (Printed or typed)  
100 Bay Bridge Dr.  
Address  
St. Augustine, FLORIDA 32080  
City, State & Zip  
904 806 3522  
Daytime Telephone number  
fanci fluff @ gmail . com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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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:

The Fancifluff Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

100 Bay Bridge Dr.  
St. Augustine, FL 32080

P.O. Box 840253  
St. Augustine, Beach FL  
32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To make & sell stuff @ farmers market  
or shops or online

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julie McConigle - President

Address 100 Bay Bridge Dr.  
St Augustine, FL  
32080

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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SECRETARY OF STATE

(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: Julie McConigle  
Address: 100 Bay Bridge Dr.  
St Augustine, FL 32080

**ARTICLE VII INCORPORATOR**

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

Name: Julie McConigle  
Address: 100 Bay Bridge Dr.  
St Augustine, FL 32080

*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*

Julie McConigle

Required Signature/Registered Agent

July 11, 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.*

Julie McConigle

Required Signature/Incorporator

July 11, 2014

Date

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