

P/4000082121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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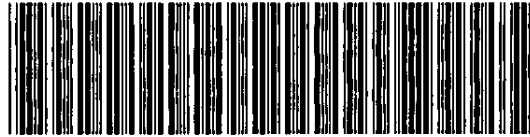
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/07/14

COVER LETTER

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

SUBJECT: A Woman's Touch Event Specialists, 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: Barbara Betz Weidner
Name (Printed or typed)
P. O. Box 568363
Address
Orlando, FL 32856
City, State & Zip
407-694-5722
Daytime Telephone number
barbarabetz@gmail.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: A Woman's Touch Event Specialists, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

320 N. Magnolia Ave., A4
Orlando, FL 32801

Mailing address, if different is:

P. O. Box 568363
Orlando, FL 32856

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful activity

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara Weidner, President

Address: P. O. Box 568363
Orlando, FL 32856

Name and Title: _____

Address: _____

Name and Title: Rebecca Boaz, Secretary

Address: P. O. Box 568363
Orlando, FL 32856

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

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: Barbara Weidner
Address: 320 N. Magnolia Ave, A4
Orlando, FL 32801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara Weidner
Address: 320 N. Magnolia Ave, A4
Orlando, FL 32801

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TALLAHASSEE, FLORIDA

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

Barbara Weidner 10/2/14
Required Signature/Registered Agent 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.

Barbara Weidner 10/2/14
Required Signature/Incorporator Date