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COVER LETTER

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

SUBJECT: Beading Chick IN	7C	
(PBOPOSED CORPORAT	E NAME – <u>MUST INCL</u> I	JDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	PY REQUIRED
FROM: Danny H. W.	(Printed or typed)	
21451 5holdo	n Are	
^	adiess	
Port Charlo He City, 5	•	
810/938-8548 Daytime Te	810/5/3	-6388
Jaybub 58 6 Je-mail address: (to be used	•	

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)

CLE II P	RINCIPAL OFFICE Principal street address	1.4.21t.	ng address, if different is:
ـــن اسرون		Maiii	ng address, it different is:
	holdon Ave		
ort ch	arloHe FL 33952		
·			· · · · · · · · · · · · · · · · · · ·
ICLE III PU	RPOSE ;		, , , , , ,
ourpose for whic	h the corporation is organized is:	ell beads	& handmode; ec
		·	
TICLE IV SI	IARES of stock is: 100		
umber of shares	of stock is:/ OC	_	and t
umber of shares	of stock is: / / / / / / / / / / / / / / / / / / /	Name and Title:	resident
umber of shares	of stock is: / OU ITIAL OFFICERS AND/OR DIRECTORS tle: Danny H. Wineland 21451 Sheldon AVI	Name and Title:	resident
ICLE V IN	of stock is: / / / / / / / / / / / / / / / / / / /	Name and Title:	resident
ICLE V IN	of stock is: / OU ITIAL OFFICERS AND/OR DIRECTORS tle: Danny H. Wineland 21451 Sheldon AVI	Name and Title:	resident
Name and To	ITIAL OFFICERS AND/OR DIRECTORS tle: Danny H. Wineland 21451 Sheldon AVN Port Charlothe FL 33952	Name and Title: Se	•
Name and To	of stock is: 100 ITIAL OFFICERS AND/OR DIRECTORS tle: Danny H. Wineland 21451 Sheldon AVI Port Charlotte FL	Name and Title: Se	•
Name and To	ITIAL OFFICERS AND/OR DIRECTORS tle: Danny H. Wineland 21451 Sheldon AVN Port Charlothe FL 33952	Name and Title:	•
Name and Tit	TITIAL OFFICERS AND/OR DIRECTORS tle: Danny H. Wineland 21451 Sheldon AVI Port Charlotte FL 33952 le: Jeenette M Wineland 21451 Sheldon AVI 21451 Sheldon AVI	Name and Title:	•
Name and Tit	ITIAL OFFICERS AND/OR DIRECTORS tle: Danny H. Wineland 21451 Sheldon AVN Port Charlotte FL 33952 le: Jeanette M Wineland 21451 Sheldon AVN Port Charlotte FL Port Charlotte FL	Name and Title:	Ive President
Name and Tit	TITIAL OFFICERS AND/OR DIRECTORS tle: Danny H. Wineland 21451 Sheldon AVI Port Charlotte FL 33952 le: Jeenette M Wineland 21451 Sheldon AVI 21451 Sheldon AVI	Name and Title:	lice President
Name and Tit	ITIAL OFFICERS AND/OR DIRECTORS tle: Danny H. Wineland 21451 Sheldon AVN Port Charlotte FL 33952 le: Jeanette M Wineland 21451 Sheldon AVN Port Charlotte FL Port Charlotte FL	Name and Title:	Ive President
Name and Tit Address Address	ITIAL OFFICERS AND/OR DIRECTORS tle: Danny H. Wineland 21451 Sheldon AVN Port Charlothe FL 33952 le: Jeanette M Wineland 21451 Sheldon AVN Port Charlotte FL 33952	Name and Title:	Ive President 14 BCT 6 PH
Name and Tit Address Address	ITIAL OFFICERS AND/OR DIRECTORS tle: Danny H. Wineland 21451 Sheldon AVN Port Charlothe FL 33952 le: Jeanette M Wineland 21451 Sheldon AVN Port Charlotte FL 33952	Name and Title: So	Ive President

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
ARTICLE VI	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable)		
Name:	Danny H Wineland		
Address:	21451 Sheldon Ave	<u></u>	
	Port Charlotte FL 339	<u>3</u> 52	
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Danny H Wineland	_	
Address:	Danny H Wineland 21451 Sheldon Av.	<u>L</u>	
	Port Charlotte FL		
this certificate, l	am familiar with and accept the appointment as	1	n
r Dan	ny H. Windows	10-13-20	14
·	Required Signature/Registered Agent	Date	•
I submit this do document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in ony as provided for in s.817.155, F.S.	a
Oan	1 $($ $($ $)$ $)$ $)$		4
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