PAUUU102359

| (Re | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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To whom it may concern.

I will not be reinstating the company, Stargazer Quilting, Inc. but with this new filing I would like to use the same name of Stargazer Quilting, Inc.

Thank you for your time and consideration,

Ann E. Hartwig President

an Ed

-- ·- -

COVER LETTER

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

| SUBJECT: | Targazer | ATE NAME - MUST INCL | LNC. |
|----------------------|---------------------------------|-----------------------------|---------------------|
| | (I REAL CORPOR | A LE NAME - MOST INCL | <u>ODE SUFFIX</u>) |
| . | • 1 1 (1) (1) | | |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | a check for: |
| \$70.00 | \$78.75 | \$78.75 | \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| _ | & Certificate of Status | & Certified Copy | Certified Copy |
| | | | & Certificate of |
| | | | Status |
| | | ADDITIONAL CO | PY REQUIRED |
| | | 1 | |

| FROM: Ann Hartwig Name (Printed or sped) |
|--|
| 2415 58th Street South |
| Gulfport Florida 33707 |
| 727-481-8300 Daytime Telephone number |
| 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 N. The name of the corpo | AME oration shall be: 5+a | - qazer (| Quilting, | Inc. |
|--------------------------------------|---|--|---------------------|-----------|
| 2415 | RINCIPAL OFFICE Principal street address 58th 5t. 5 ort +1 33 | | Mailing address, if | |
| ARTICLE III PU The purpose for whice | RPOSE th the corporation is organized is: | retai | l sales | |
| | | | | |
| The number of shares ARTICLE V II | NITIAL OFFICERS AND/OR | | , , + | 14 DEC 29 |
| Name and T Address | Sulfport, | $\frac{13 - Pre }{S + S}$ Address | | ## CO |
| Name and Ti | cle: Ann Hartw. 2415 58th 5 Gulfport. | Director Name at 54 5 Address F1 33707 | 3: | |
| Name and Ti | tle: | Name a | | |

14 DEC 29 AH 8: 35

| 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: Ann Hartwig | <u> </u> |
| Address: 3415 58th 5t. 5 | <u>. </u> |
| Gulfport, Fl 33 | 207 |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | |
| Name: Ann Hartwi | ٩ |
| Address: 2415 584 54. 5 | |
| Gulfport, FI | <u>3</u> 3707 |
| Having been named as registered agent to accept service of proceed this certificate, I am familiar with and accept the appointment as | |
| Required Signature/Registered Agent | 12.24-2014 Date |
| I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree fel | |
| Required Signature/Incorporator | 12-26-2014 Date |
| | |