

P/5000011532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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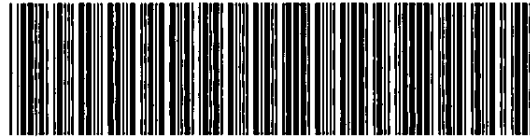
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 3 2015

S. GILBERT

COVER LETTER

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

SUBJECT: PotteryBearsandBeads, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Louise Sheelen

Name (Printed or typed)

3062 Pelican Place

Address

Clearwater, Fl. 33762

City, State & Zip

727-644-5650

Daytime Telephone number

dsheelen@yahoo.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: PotteryBearsandBeads, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3062 Pelican Place
Clearwater, Fl 33762

Mailing address, if different is: _____

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Art Sales & Service

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Louise Sheelen, Director

Name and Title: _____

Address 3062 Pelican Place
Clearwater, Fl 33762

Address: _____

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: Louise Sheelen
Address: 3062 Pelican Place
Clearwater, FL 33762

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Louise Sheelen
Address: 3062 Pelican Place
Clearwater, FL 33762

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

Louise Sheelen 1-20-15
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.

Louise Sheelen 1-20-15
Required Signature/Incorporator Date