

P15000017277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

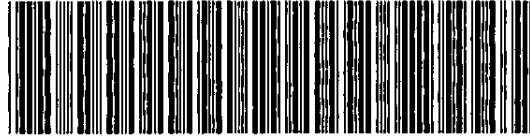
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/20/15--01019--011 **87.50

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TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Something Borrowed, 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: Something Borrowed, Inc.
Name (Printed or typed)

1550 Firethorn Drive
Address

Wellington, FL 33414
City, State & Zip

561-324-4878
Daytime Telephone number

Borrowedevents@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: Something Borrowed, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1550 Firethorn Drive
Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Providing Concierge event
planning services to bridal parties for wedding
related events.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|---|-----------------|---|
| Name and Title: | <u>Nicole Austin- President</u> | Name and Title: | <u>Jennifer Mayfield- Treasurer</u> |
| Address | <u>1550 Firethorn Drive</u> <u>Wellington FL 33414</u> | Address: | <u>408 S. Abercorn Circle</u> <u>Boynton Beach, FL 33436</u> |

| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
|-----------------|-------|-----------------|-------|

| | | | |
|---------|-------|----------|-------|
| Address | _____ | Address: | _____ |
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| | | | |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
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|---------|-------|----------|-------|
| Address | _____ | Address: | _____ |
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TALLAHASSEE FLORIDA

(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: Nicolo Austin
Address: 1550 Firethorn Drive
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

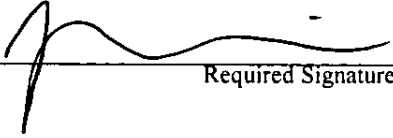
Name: Jennifer Mayfield
Address: 408 S. Abercorn Circle
Boynton Beach, FL 33436

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


Required Signature/Registered Agent

2/15/15
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.


Required Signature/Incorporator

2/15/15
Date

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