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(Requestor's Name)

(Address)

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(Business Entity Name)

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05/08/15

COVER LETTER

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

SUBJECT: SEW SNUGGLY QUILTS 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: DARA DEANS
Name (Printed or typed)

871 NW. 86th TERRACE
Address

PLANTATION, FL. 33324
City, State & Zip

(754)264-2710
Daytime Telephone number

CINIJE@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: SEW SNUGGLY QUILTS INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

871 N.W. 86th TERRACE

PLANTATION, FL. 33324

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RETAIL SALES

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ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES @$1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DARA DEANS - PRESIDENT

Address: 871 N.W. 86th TERRACE
PLANTATION, FL. 33324

Name and Title:

Address:

Name and Title: KURT DEANS - VICE PRESIDENT

Address: 871 N.W. 86th TERRACE
PLANTATION, FL. 33324

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: CHARLES INIJE

Address: 20401 NW 2nd AVENUE SUITE 214

MIAMI, FL. 33169

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DARA DEANS

Address: 871 N.W. 86th TERRACE

PLANTATION, FL. 33324

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____ 04/29/2015

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.

_____ 04/29/2015

Required Signature/Incorporator Date