

P/50000504/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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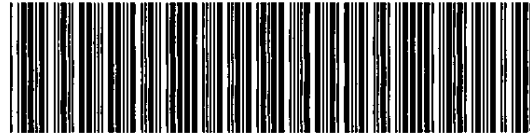
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN - 8 AM 8:12

K 06/11/15

EFFECTIVE DATE 06/01/15

COVER LETTER

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

SUBJECT: Bibicord, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jerrold E. Slutzky, Slutzky Law Firm

Name (Printed or typed)

20719 Sterlington Drive, Suite 103

Address

Land O Lakes, FL 34638

City, State & Zip

813-909-1515

Daytime Telephone number

joanne@bibicord.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: Bibcord, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18801 N. Dale Mabry Hwy. #127

Lutz, FL 33548

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Design, marketing, and sale of electronic chargers to retail establishment for sale to consumers, and any and all legal activities permitted under the laws of the State of Florida.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joanne Loewen, P, Secy, Treas, Director

Name and Title: Kara Hill, Director

Address 18801 N. Dale Mabry Hwy. #127

Address: 18801 N. Dale Mabry Hwy. #127

Lutz, FL 33548

Lutz, FL 33548

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Joanne Loewen
Address: 18801 N. Dale Mabry Hwy. #127
Lutz, FL 33548

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ARTICLE VII INCORPORATOR

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

Name: Joanne Loewen
Address: 18801 N. Dale Mabry Hwy. #127
Lutz, FL 33548

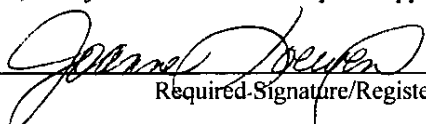
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 1, 2015. (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

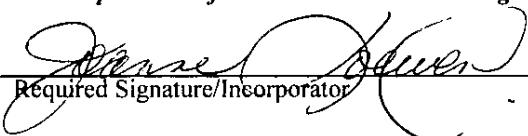


Required Signature/Registered Agent

June 1, 2015

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

June 1, 2015

Date