

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Periwinkle By BDA, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

AUG 10 2015

S. GILBERT

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Print) 15 AUG -7 AM 10:15

ARTICLE I NAME

The name of the corporation shall be: PERIWINKLE BY BDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

333 Sunset Avenue

Palm Beach, FL 33480

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Selling Handbags

ARTICLE IV SHARES

The number of shares of stock is: 200 shares with no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRENDA AXELROD, Director

Address: 333 Sunset Avenue

Palm Beach, FL 33480

Name and Title: BRENDA AXELROD, President

Address: 333 Sunset Avenue

Palm Beach, FL 33480

Name and Title: CARLIN AXELROD, Secretary

Address: 333 Sunset Avenue

Palm Beach, FL 33480

Name and Title: CARLIN AXELROD, Treasurer

Address: 333 Sunset Avenue

Palm Beach, FL 33480

Name and Title:

Address:

Name and Title:

Address:

(cont.)

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: BRENDA AXELROD
Address: 333 Sunset Avenue
Palm Beach, FL 33480

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Courtney L. Scanlon
Address: 140 Pearl Street, Suite 100
Buffalo, NY 14202

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

By:  8/17/2015
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.

 8/17/2015
Required Signature/Incorporator Date
Courtney L. Scanlon