

P/50000925/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300279132733

11/16/15--01013--004 **87.50

RECEIVED
DEPARTMENT OF STATE
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
15 NOV 16 AM 10:46

APPROVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 NOV 16 AM 10:54

11/16/15

COVER LETTER

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

SUBJECT: FLAMINGO SCRUBS AND UNIFORMS 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: Wendy M Guzman
Name (Printed or typed)
P.O. Box 237
Address
Archer Florida 32618
City, State & Zip
352-284-3270
Daytime Telephone number
Wavie@hotmail.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: FLAMINGO SCRUBS AND UNIFORMS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11350 NE 113 PLACE
ARCHER FLORIDA
32618

P.O. Box 237
ARCHER FLORIDA
32618

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANUFACTURE AND SALES OF UNIFORMS AND
ACCOMPANYING APPARATUS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wendy Cozman

Name and Title: CEO

Address: P.O. Box 237
ARCHER FLORIDA
32618

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

15 NOV 15 4:10:54

APPROVED
AND
FILED

(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: Wendy Guzman
Address: 11350 NE 113 PLACE
ARCHER FLORIDA 32618

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 16 AM 10:54

APPROVED
AND
FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wendy Guzman
Address: P.O. Box 537
ARCHER FL 32618

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.

[Signature]
Required Signature/Registered Agent

NOV 16, 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.

[Signature]
Required Signature/Incorporator

NOV 16, 2015
Date