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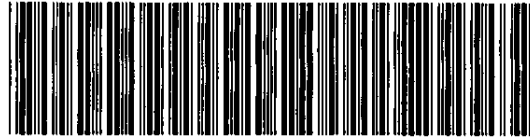
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16 FEB - 1 PM 12:20

COVER LETTER

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

SUBJECT: BE STILL MY TOWEL 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: JAMES RODRIGUES

Name (Printed or typed)

8211 CLEAVES ROAD

Address

NORTH FORT MYERS, FL 33903

City, State & Zip

239-995-6094

Daytime Telephone number

kimandjim9@comcast.net

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 BE STILL MY TOWEL INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
8211 CLEAVES ROAD _____
NORTH FORT MYERS, FL 33903 _____

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS: RETAIL OF HOUSEHOLD
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	JAMES RODRIGUES / PRESIDENT	Name and Title:	_____
Address	8211 CLEAVES ROAD	Address:	_____
	NORTH FORT MYERS, FL 33903		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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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: JAMES RODRIGUES

Address: 8211 CLEAVES ROAD

NORTH FORT MYERS, FL 33903

ARTICLE VII INCORPORATOR

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

Name: JAMES RODRIGUES

Address: 8211 CLEAVES ROAD

NORTH FORT MYERS, FL 33903

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

James Rodriguez
Required Signature/Registered Agent

2/1/16
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.

James Rodriguez
Required Signature/Incorporator

2/1/16
Date