

PI6000019935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

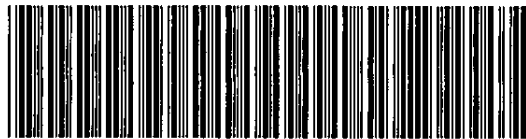
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400280629964

01/29/16--01008--007 **78.75

FILED
16 FEB 29 AM 10:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

1111-9937

MD 3/4

COVER LETTER

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

SUBJECT: Track Your Craft, 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: Karesha Thomas
Name (Printed or typed)

135 Pine Hammock Ct.
Address

Jupiter, FL 33458
City, State & Zip

561-339-3764
Daytime Telephone number

Kikisj13@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2016

KANESHA THOMAS
135 PINE HAMMOCK CT.
JUPITER, FL 33458

SUBJECT: TRACK YOUR CRAFT, INC
Ref. Number: W16000009937

We have received your document for TRACK YOUR CRAFT, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 016A00002786

February 26, 2016

FLORIDA DEPT OF STATE
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

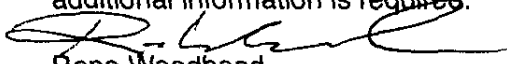
Subject: Track Your Craft LLC/Track Your Craft INC
Ref: W16000009937

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom it May Concern,

I am writing on behalf of Track Your Craft LLC, a company that has been administratively dissolved by the State. We have no intention of reinstating this LLC and therefore release the name for use in another entity (more specifically, the filing submitted on 1/15/2016 by Kaneshia A Thomas for the name, Track Your Craft, Inc).

Thank you in advance for your diligence in this matter, please feel free to contact me if any additional information is required.


Rene Woodhead
iamrwood@gmail.com
(561) 306-8830

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: Track Your Craft, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

135 Pine Hammock Ct.
Jupiter, FL 33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO Provide marketing, Promotion, and Other
professional services to companies, including
those in the service industry.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: René Woodhead
Address: 926 W Kalmia Dr.
Lake Park, FL
33403

Name and Title: James Michaels, COO
Address: 326 Jupiter Lakes Blvd.
#2303B
Jupiter, FL 33458

Name and Title: Kanesha Thomas, Secretary
Address: 135 Pine Hammock Ct.
Jupiter, FL 33458

Name and Title: _____

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: Kanesha Thomas
Address: 135 Pine Hammock Ct.
Jupiter, FL 33458

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Rene Woodhead
Address: 926 W Kalmia Dr.
Lake Park, FL 33403

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

Kanesha Thomas
Required Signature/Registered Agent

1/15/16
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.

Rene Woodhead
Required Signature/Incorporator

1/15/16
Date