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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone

: (305)552-5973

Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION

80 四	THE BIRDS AND THE BEADS, INC		
) <del>'</del> = !	Certificate of Status	0	
. E	Certified Copy	1	
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	Estimated Charge	\$78.75	

6800 SW

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## H16000113718 ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I** NAME: The name of the corporation is: The Birds ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 6800 SW 40 Street SHARES: The number of shares of stock is: INITIAL DIRECTORS AND/OR OFFICERS: Jenifer Steffner PRESIDENT Wilcox Vice President ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Jenifer Steffner 40 Street #112 77155 M;am; FL **INCORPORATOR:** The name and address of the Incorporator is: Steffner Jeni fer 40 Street #112

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## Required Signatures:

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

Registered Agent

5/6/1/b

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.

Incorporator

0/6/16

Date