

P/6000094962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

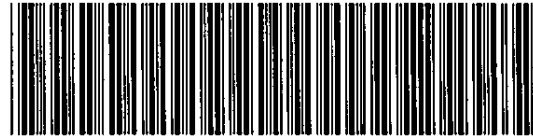
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700292151297

12/01/16--01005--011 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 DEC -1 PM 2:15

12/02/16

## COVER LETTER

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

SUBJECT: Our Cozy Corner, 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: Laura Gregory  
Pamela Novakovich  
Name (Printed or typed)

7552 San Miguel Way  
Address

Naples, FL 34109  
City, State & Zip

239-860-8168 239-293-1041  
Daytime Telephone number

ourcozycornerinc@gmail.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: Our Cozy Corner, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7552 San Miguel Way  
Naples, Fl 34109

"same"

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Lawful Purpose

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 DEC -1 PM 2:15

**ARTICLE IV SHARES**

The number of shares of stock is: 2

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Laura Gregory  
Address: 7552 San Miguel Wy  
Naples, Fl 34109

Name and Title: Pamela Novakovich  
Address: 7631 San Sebastian Way  
Naples, Fl 34109

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ 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: Laura Gregory  
Address: 7552 San Miguel Way  
Naples, Fl 34109

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 DEC -1 PM 2:15

**ARTICLE VII INCORPORATOR**

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

Name: Pamela Novakovich  
Address: 7631 San Sebastian Way  
Naples, Fl 34109

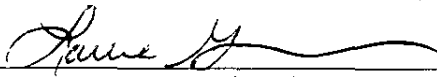
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11-21-16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

X  11-22-16  
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.*

X  11-22-16  
Required Signature/Incorporator Date