

P19000016734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

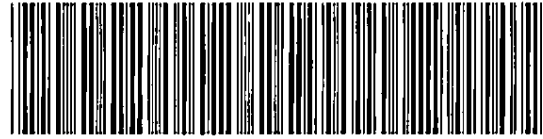
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500324300895

02/26/19--01007--008 **70.00

FILED
19 FEB 26 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 FEB 26 AM 11:24

T SCHROEDER

Sondale Research
Requester's Name

Address

City/State/Zip

Phone #

656-5454

Office Use Only

CORPORATE NAME(S) & DOCUMENT NUMBER(S), (if known):

1. B Fabrics, Inc
(Corporation Name)

(Document #)

2. _____
(Corporation Name)

(Document #)

3. _____
(Corporation Name)

(Document #)

4. _____
(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☒ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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: B Fabrics, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
450 Ocean Drive, Apt 1003

Juno Beach, FL 33408

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Wholesale textile sales

ARTICLE IV SHARES

The number of shares of stock is: Two Hundred Fifty (250) at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Burton Larit, President

Address 450 Ocean Drive, Apt 1003
Juno Beach, FL 33408

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

FILED
19 FEB 26 AM 10:47
SECRETARY OF STATE
TALLAHASSEE FL 32301

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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Fred Larison
Address: 307 Hamilton Street
Albany, NY 12210

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 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

NRAI Services, Inc.

By: *Fred Larison, Asst. Sec.*
Required Signature/Registered Agent

2/26/19
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.

Fred Larison
Required Signature/Incorporator

2/26/19
Date

FILED
19 FEB 26 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA