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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

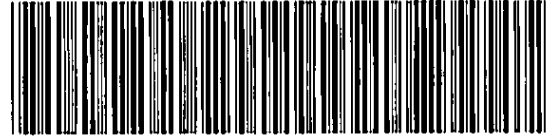
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 DEC 10 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 DEC 10 PM 11:03

T. BURCH
DEC 11 2019

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/10/2019

****WALK IN****

ENTITY NAME DR. JILL FOOT PADS

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

Cert. Copy of Restated Arts & Amends if available. If not provide Cert. Copy of Arts & Amends.

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 78.75

CHECK # 7012

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: DR. JILL'S FOOT PADS 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: Jill Scheur
Name (Printed or typed)

384 S. MILITARY TRAIL
Address

DEERFIELD BEACH, FL 33442
City, State & Zip

1-866-366-8723
Daytime Telephone number

jay@drjillsfootpads.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 DR. JILL'S FOOT PADS INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

384 S. MILITARY TRAIL

DEERFIELD BEACH, FL 33442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Manufacture of felt, foam, moleskin and gel foot pads and padding supplies; Any Lawful Purpose

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2018 DEC 10 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

200 common shares, no par value
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jill Scheur, Director

Address: 384 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

Name and Title: Jill Scheur, President

Address: 384 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

Name and Title: Jill Scheur, Secretary

Address: 384 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

Name and Title: Jill Scheur, Treasurer

Address: 384 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

Name and Title: Jay Scheur, Vice President

Address: 384 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

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: Jill Scheur
Address: 384 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Courtney L. Scanlon - c/o Hodgson Russ LLP
Address: 140 Pearl Street, Suite 100
Buffalo, NY 14202

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TALLAHASSEE, FLORIDA

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

By: Jill Scheur Jill Scheur
Required Signature/Registered Agent

12/6/2019
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.

[Signature]
Required Signature/Incorporator

12/6/2019
Date