

P20000093481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

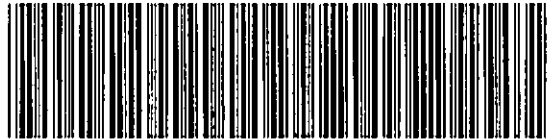
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900355421759

11/24/20--01002--017 \*\*70.00

2020 NOV 24 PM 12:31

FILED

November 12, 2020

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

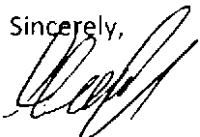
Re: Feathers & Crafts Inc

To whom it may concern:

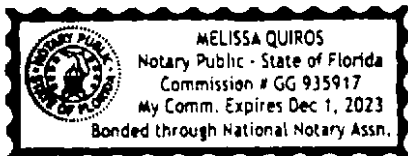
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,



Javier A. Campanella



2020 NOV 24 PM 12:31  
F11 411

COVER LETTER

FILED  
2020 NOV 24 PM 12:31

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

SUBJECT: Feathers & Crafts 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: Maria E. Ruiz  
Name (Printed or typed)

7750 S.W. 117 Ave Suite 2010  
Address

Miami, Florida 33183  
City; State & Zip

305-595-2407  
Daytime Telephone number

mariaquirosg@hotmail.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: Feathers & Crafts Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7750 S.W. 117 Ave Suite 2010  
Miami Florida 33183

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all legal business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1.00 ea.

FILED  
2020 NOV 26 PM 12:31

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

Name and Title: Javier A. Campanella, Pres. Name and Title: \_\_\_\_\_

Address 7750 S W 117 Ave Address: \_\_\_\_\_  
Suite 2010  
Miami, Florida 33183

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: Javier A. Campanella

Address: 7750 S.W. 117 Ave Suite 2010  
Miami Florida 33183

**ARTICLE VII INCORPORATOR**

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

Name: Javier A. Campanella

Address: 7750 S.W. 117 Ave Suite 2010  
Miami, Florida 33183


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/28/2020 (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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

11/18/2020  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

11/18/2020  
Date