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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION MAR 2 9 2021 THE BABY VIBES INC.

T. SCOTT

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
THE BABY VIBES INC.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
14947 SW 15TH STREET	
PEMBROKE PINES FLORIDA 33027	
ARTICLE III SHARES: The number of shares of stock is: 1000	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: TRACEY HODGINS -PRESIDENT SECRETARY-TREUSARY	2021 MAR
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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is	s:
TRACEY HODGINS	
PEMBROKE PINES FLORIDA 33027	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is	

TRACEY HODGINS

14947 SW 15TH STREET

PEMBROKE PINES FLORIDA 33027

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 03-25-2021
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.

lucorporator

03-25-2021

Date