

P95000027996

FILED

05 APR -95 AM 9:44

SECRETARY OF STATE
TREASURY

FROM:

OFFICE USE ONLY

11000 071 4413133
-04/05/95--01000--015
****12250 ****12250

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Baby Face Photography, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

APR 10 1995 BSB

Examiner's Initials

ARTICLES OF INCORPORATION

of,
BABY FACE PHOTOGRAPHY, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s), do hereby contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

BABY FACE PHOTOGRAPHY, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One Thousand shares (1000) of Ten Dollar(s) (\$ 10) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME <u>BABY FACE PHOTOGRAPHY, INC.</u>		
ADDRESS <u>10097 CLEARY BOULEVARD SUITE #202</u>		
CITY <u>PLANTATION</u>	FLORIDA	ZIP <u>33324</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME <u>WENDY LEIGH HASKELL</u>		
ADDRESS <u>1004 NORTHWEST 105TH AVENUE</u>		
CITY <u>PLANTATION</u>	FLORIDA	ZIP <u>33322</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME <u>WENDY LEIGH HASKELL</u>		
ADDRESS <u>1004 NORTHWEST 105TH AVENUE</u>		
CITY <u>PLANTATION</u>	STATE <u>FLORIDA</u>	ZIP <u>33322</u>
NAME <u>CATHERINE ANN LEE</u>		
ADDRESS <u>7200 NORTHWEST 2ND AVENUE #100</u>		
CITY <u>BOCA RATON</u>	STATE <u>FLORIDA</u>	ZIP <u>33487</u>
NAME		
ADDRESS		
CITY	STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME: WENDY LEIGH HASKELL		
ADDRESS: 1004 NORTHWEST 105TH AVENUE		
CITY: PLANTATION	STATE: FLORIDA	ZIP: 33322
NAME: CATHERINE ANN LEE		
ADDRESS: 7200 NORTHWEST 2ND AVENUE #100		
CITY: BOCA RATON	STATE: FLORIDA	ZIP: 33487
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this _____ day of APRIL, 1995.

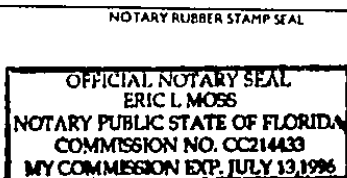
Wendy L. Haskell (Seal)
Catherine A. Lee 4/1/95 (Seal)
 _____ (Seal)

STATE OF FLORIDA)
 COUNTY OF Indian River) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Wendy L. Haskell Signature DRIVERS LICENSE Form of Identification
Catherine A. Lee 4/1/95 Signature DRIVERS LICENSE Form of Identification
 _____ Signature _____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form 2 of identification of the above named person 2 as indicated opposite each name, and that an oath (was)(was not) taken.



Witness my hand and official seal in the County and State last aforesaid this 3 day of April, 1995

Eric L. Moss Notary Signature
Eric L. Moss Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

CERTIFICATE OF REGISTERED AGENT
OF

FILED
APR -5 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BABY FACE PHOTOGRAPHY, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 10097 CLEARY BOULEVARD SUITE 202

PLANTATION, FLORIDA 33324

has named WENDY LEIGH HASKELL

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

Wendy L. Haskell
(registered agent)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000027996**

1. Corporation Name

BABY FACE PHOTOGRAPHY, INC.

Principal Place of Business

10087 CLEARY BLVD
SUITE 202
PLANTATION FL 33324

Mailing Address

10087 CLEARY BLVD
SUITE 202
PLANTATION FL 33324

If above addresses are incorrect in any way, list through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

N/A

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

N/A

City & State

Zip

Country

REINSTATEMENT

9600

1. Date Incorporated or Qualified
To Do Business in Florida

04/05/1995

5. FEI Number

45-068-7163

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	HASKELL, WENDY L	1004 NW 105TH AVE	PLANTATION FL 33322
D	LEE, CATHERINE A	7200 NW 2ND AVE #100	BOCA RATON FL 33487

000002042280--4
-12/31/96-01061--021
****375.00 ****375.00

8. Name and Address of Current Registered Agent

HASKELL, WENDY L
1004 NW 105TH ST
PLANTATION FL 33322

9. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Wendy Haskell

REGISTERED AGENT MUST SIGN

Date **12-21-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy Haskell

12-21-96 (954) 476-4417

Date

Daytime Phone #

CP25040 (7/96)