# Audrey J Roseman 26865 Lostwoods Circle Bonita Springs, FL 34135

City/State/Zip

Phone #

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Office Use Only

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

1.	(Corporation Name)	(Document #)	ī.,
2	(Corporation Name)	(Document #)	je:
3	(Corporation Name)	(Document #)	.œ
4.	(Corporation Name)	(Document #)	<u>]</u> (-
Walk in Mail out	Pick up time Will wait	Certified Copy  Photocopy  Certificate of Status	

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
•	Other

uidi Unit	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
,	Merger

SECRETARY OF	99 JUL 22 PH	
OF STATE	2: 1	Ü

OTHER FILINGS
Annual Report
 Fictitious Name
Name Reservation

		REGISTRATION/ QUALIFICATION
		Foreign
٠.	·	Limited Partnership
		Reinstatement
		Trademark
Į		Other

Examiner's Initials

of

Audrou's Country Certs inc

(name of corporation)

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

ARTICLE I - CORPORATE NAME Pudroy's Country Crofts, INC ARTICLE II - DURATION This corporation shall exist perpetually unless disselved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in an, 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 <u>One Hundred</u> shares ( 100 ) of <u>ONE</u> Dollar(s) (\$ \_\_\_\_\_\_\_) 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 adress of the corporation is: idrev's Pountry Crafts, INC NAME Lost Woods Circle FLORIDA The name and street address of the Initial Registered Agent of this Corporation is: Idreus. Rose MAN NAME Lost Woods Circle **FLORIDA** ZIP 34135 ARTICLE VI - INITIAL BOARD OF DIRECTORS This corporation shall have  $\pm \omega o$  (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 **ADDRESS** CITY NAME OSEM AN address 🧷 CITY NAME **ADDRESS** 

# ARTICLE VII - INCORPORATORS

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

1 1 1 1	these rathetes of incorporation a	re as follows:
NAME AUDREY S ROSEMAIU	/	
ADDRESS 26865 LOST Woods C	ircle	
CITY BOOKER Springs	STATE F	an 2:4=
NAME AIAN V. LOSEMAN		ZIP 34135
ADDRESS 26865 Last Words	Pica li	<del></del>
CITY BODITA Springs		
NAME	STATE F	<u> </u>
ADDRESS		
CITY		
	STATE	ZIP
day of, 19 99.	scriber(s) have executed these Articles of Inc	corporation this $13$
•	Muse Ol	/
	Lusin Jamen	(Seal
	I'm V. Km	<b>\( \)</b>
• •		(Seal
•		(Seal)
STATE OF FLORIDA	)	
COUNTY OF	ss	
before me, a Notary Public authorized to take acl	) knowledgments in the State and County set	forth above, personally
Signature Signature	Personally Known	<u>√</u>
Signature	Personally Knows	on.
Signature		
known to me and known to be the person(s) who execume that Audrey / AL executed these Articles of In lamed person as indicated opposite each name, and	Form of Identification at the foregoing Articles of Incorporation, where the form of identification is the form of identification at the form of identification at the form of identification is the form of identification at the form of identification is the form of identification is the form of identification at the form of identification is the form of identification at the form of identificat	· <del></del>
NOTARY RUBBER STAMP SEAL		
NOTARY PUBLIC - STATE OF FLORIDÅ CHRISTY DAVIDSON COMMISSION # CC631032 EXPIRES 5/14/2003 BONDED THRU ASA 1-888-NOTARY1	this day of day of Montes San	y and State last aforesaid

### CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

### CERTIFICATE OF REGISTERED AGENT

OF

Audrey Country Crafts, 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 36865 Lost Woods Circle

Booth Springs FL 34135

has named Audrey & Rosemani

located at the aforesaid address as its Paristers Is

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.

Audreef J. Governand