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DATE: **1/13/2022**

NAME: BASTIAT JACKSONVILLE, INC

TYPE OF FILING: **ARTICLES**

COST: **70.00**

RETURN: **PLAIN COPY PLEASE**

ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE** ah hodge

COVER LETTER

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

SUBJECT: Bastiat Jacksonville, 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: Dan Dorney
Name (Printed or typed)

120 Wood Avenue South, Suite 407
Address

Iselin, NJ 08830
City, State & Zip

2012480269
Daytime Telephone number

dan@brandymelvilleusa.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: Bastiat Jacksonville, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
4742 River City Drive
Jacksonville FL, 32246

Mailing address, if different is:
120 Wood Ave S, Suite 407
Iselin, NJ 08830

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Womens Clothing Retail

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ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephan Marsan President/CEO
Address: 120 S Wood Ave Suite 407
Iselin, NJ 08830

Name and Title: Salvatore Rianna CFO/EVP
Address: 120 S Wood Ave Suite 407
Iselin, NJ 08830

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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: Paracorp Incorporated

Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, FL 32301

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Stephan Marsan

Address: 120 Wood Ave S, Suite 407

Iselin, NJ 08830

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

See Attached

Required Signature/Registered Agent _____ 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 _____ Date 01/12/2022

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

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TALLAHASSEE, FL

DATE: 01/12/2022

ENTITY NAME: Bastiat Jacksonville, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

L. Herrera

Leticia Herrera, Assistant Secretary
Paracorp Incorporated