

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	₩ wait	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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PS 5/3/11 WH 24321

## **COVER LETTER**

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

SUBJECT: Decade accessories		
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti-	cles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL CO	OPY REQUIRED
FROM: Nicole M Quintana Name	(Printed or typed)	
14083 sw 88 st		
	Address	
Miami FI 33186 City,	State & Zip	·
305-978-5072 Daytime T	elephone number	wat to the control of
nikkiquin@bellsouth.net E-mail address: (to be used	for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.





## RECEIVED 11 MAY 12 AM II: 07

## FLORIDA DEPARTMENT OF STATIALLAHASSEE. FLORIDA Division of Corporations

May 2, 2011

NICOLE M QUINTANA 14083 SW 88 ST MIAMI, FL 33186

SUBJECT: DECADE ACCESSORIES

Ref. Number: W11000024321

We have received your document for DECADE ACCESSORIES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II

Letter Number: 611A00010594

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	Decade Accessories Doc.	
RTICLE II	Principal office Principal street address	Mailing address, if different is:
	14083 sw 88 st	Maning address, it distarts to
	Miami FL 33186	
e purpose for	PURPOSE which the corporation is organized is: childrens accessories	
RTICLE V	SHARES  nares of stock isone NCOC - DESOIZA-  INITIAL OFFICERS AND/OR DIRECTORS  Title: Nicole M Quintana Name  4740 sw 76 terr Address  Miami Fl 33143-  Qui 88 ST. MHM H. 33/86	and Title:
• =	Che che de la constant de la constan	
		and Title:
Address:	Addre	ess:
Name and 'Address:	Title:Name	
DAMALE III	DECICATORS ACRES	
<i>RTICLE VI</i> he name and Fi	REGISTERED AGENT  lorida street address (P.O. Box NOT acceptable) of the regis	stered agent is:
Name:	Nicole M Quintana	DIZA-QUINNUIS - F
Address:	4740 sw 76 terr 4083 SW 83	s or high many
	Miami Fi <del>33143 - 33</del> 1 <i>8τ<sub>ρ</sub></i>	
RTICLE VII	INCORPORATOR  ddress of the Incorporator is:  Nicole M Quintana  4740 sw 76 terr  14083 Sw 8	- a Quitano Bi &
e <u>name and a</u>	ddress of the Incorporator is: NICOR DESOL	CU CUMU THE B
Name:	Nicole M Quintana 1/1082 (7/) 8	%S/
Address:	4740 sw 76 terr 1 4083 500 0 Miami Fl 33443 33186	
	med as registered agent to accept service of process for the	
s certificate, I o	am familiar with and accept the appointment as registered a	gent and agree to act in this capacity
	AKI M Wintald	April 12 th 2011
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are true. I	
cunuent to the	Department of Male constitutes a third degree felony as prov	naea jor in 8.81/.155, r.S.
	'IM ///// KAN A	April 12th 2011
JIJA/ L	Required Signature/Incorporator	Date

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