## P15000075725

| (Requestor's Name)                      |                    |             |  |  |
|---|--------------------|-------------|--|--|
| (Address)                               |                    |             |  |  |
| (Ad                                     | ddress)            |             |  |  |
| (Ci                                     | ty/State/Zip/Phon  | e #)        |  |  |
| PICK-UP                                 | WAIT               | MAIL        |  |  |
| (Bi                                     | usiness Entity Nar | me)         |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
|   |                    |             |  |  |
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## **COVER LETTER**

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

| SUBJECT:             | - IVE STAR                                   | COSTUMES                              | INC.  |
|----------------------|--|---------------------------------------|---|
|                      | (PROPOSED CORP                               | ORATÉ NAME – <u>MUST INĆI</u>         | UDE SÜFFIX)   |
| Enclosed are an orig | ginal and one (1) copy of the                | e articles of incorporation an        | d 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 DPV REQUIRED |
|                      |  |                                       |   |

OM: Deborah Diars-Weisman
Name (Printed or typed)

575 NW 24<sup>th</sup> 87
Address

MIAMI, FL 33127
City, State & Zip

305-573-5657
Daytime Telephone number

55tarcostums @ Omx. 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)

| Principal street address   | Mailing address, if different is:  |
|--|--|
| 5 NW 24 ST   |  |
| MMI, FL 33127  |  |
| LE III PURPOSE   |  |
| pose for which the corporation is organized i  | is: ANY AND ALL LAWFUL BUSI  |
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| The V INITIAL OFFICERS AND/OR DIE  | <del></del>  |
| the V INITIAL OFFICERS AND/OR DIF  | ······································   |
| The V INITIAL OFFICERS AND/OR DII  Name and Title:   | RECTORS  Name and Title:  Address:   |
| The V INITIAL OFFICERS AND/OR DII  Name and Title:   | Name and Title:  |
| mber of shares of stock is:  | Name and Title:  |
| Address  | Name and Title:Address:  |
| mber of shares of stock is:  | Name and Title:  Address:  Name and Title:   |
| mber of shares of stock is:  | Name and Title:  Address:  Name and Title:   |
| mber of shares of stock is:  | Name and Title:  Address:  Name and Title:   |
| mber of shares of stock is:  | Name and Title:  Address:  Name and Title:   |
| Mber of shares of stock is: 4()  **LE V INITIAL OFFICERS AND/OR DII  Name and Title:  Address  Name and Title:  Address  | Name and Title:  Address:  Name and Title:   |

| Name and 1                                 | Fitle:   | Name and Title:   |
|--|--|---|
| Address                                    |  | Address:  |
|  |  | _   |
|  |  |   |
|  |  |   |
| ARTICLE VI RE                              | EGISTERED AGENT  |   |
| The name and Flor                          | ida street address (P.O. Box NOT acceptable) o   | of the registered agent is:   |
| Name:                                      | DEBORAH DIERS WE   | EISMAN  |
| Address:                                   | 575 NW 24th ST   |   |
| -  | MIAMI, FL 33127  | _   |
| ARTICLE VII IN                             | ICORPORATOR  |   |
| The name and add                           | ress of the Incorporator is:   |   |
| Name:                                      | DEBORAH DIERS WE   | ISMAN   |
| Address:                                   | 575 NW 24 TST  | <del>-</del>  |
|  | MIAMI, FL 3312   |   |
|  | FFECTIVE DATE:   | (000000)  |
| Effective date, if other                   | her than the date of filing:   | ot be more than five business days prior or 90 business   |
| days after the filin                       |  | or be more than five business days prior of 20 business   |
|  | serted in this block does not meet the applicable active date on the Department of State's records.      | e statutory filing requirements, this date will not be listed as  |
| Having been name<br>this certificate, I am | d as registered agent to accept service of process<br>of familiar with and accept the appointment as reg | ss for the above stated corporation at the place designated in<br>egistered agent and agree to act in this capacity |
| 1 sto                                      |  | 2 STDT 15   |
|  | Required Signature/Registered Agent  | Date  |
|  |  | e true. I am aware that the false information submitted in  |
| aocument to the De                         | partment of State constitutes a third degree felon   | my as provided for in s.o. 1.155, F.S.  |
| - Hou                                      | ( Constant   | L STPT 15   |
| Kequire                                    | d Signature/Incorporator   | Date  |