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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Handly Fashious & Mora, Tric.  (Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
LINDA BROWN
(Name of Person)
Heavauly Fashions & Moro, Inc. (Firm/Company)
1218 W. Daughtary Rd. (Address)
LAKOLAND FIA 33810 (City/State and Zip code)
For further information concerning this matter, please call:
LINDA BROWN at (863) 859-7451 SE W (Area Code & Daytime Telephone Number)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines St.  Tallahassee, FL 32399  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee \$\ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy  ☐ \$0.00 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
(Enter name of corporation; must include "INCORPORATED," "COMPANY, "CORPORATION,  "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2. NOVADA  3. 34-2024199
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NavAdA (State or country under the law of which it is incorporated)  4. Oct 8, 2005  5. (Duration) Year commutation  7. (Duration) Year commutation  7. (Duration) Year commutation
4. OC+ 8, 200 5 (Date of incorporation)  5. (Duration: Year corp. will cease to exist or "perpetual"?
6. JAN, 2005
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1218 W. Daughtory Rd, Lakeland, Fla 33810 (Principal office address)
P.O. Box 92449, Lakeland, Fla 33804 (Current mailing address)
(Current mailing address)
8. To Sale Suits, HAts, Figurines and other products at retail to consumption (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
1 into Da
Office Address: 1218 W. Daughtsey Rd.  Lakaland, Florida 33810  (City) (Zip code)
LAKOLAND, Florida 33810
(City) (Zip code)
10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,

- (Registered agent's signature)
- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

and I am familiar with and accept the obligations of my position as registered agent.

#### ·A. DIRECTORS

Chairman:	<u> </u>
Address:	
Vice Chairman:	芦苇亚
Address:	\$00 m
	THE TENT
Director: Susau Millor	30
Address: 2764 Laka Sahara DRIVO	Suita III
Director:	
Address:	<u> </u>
B. OFFICERS	
President: LINDA BROWN	
Address: 6919 Docheing Dr.	<u> </u>
LAKALAND, FIA 33810	±
Vice President: Hubart K. Brown Se.	
( 0 ) 7	
Secretary: TAWANDA BROWN	
Address: 819 W. 5th St, Lakaland, F	
Treasurer: Hubart K BROWN, Jr.	
Address: 6919 Doahring DR. LAKalf	INId, FIA 33810.
<del></del>	
NOTE: If necessary, you may attach an addendum to the appli	cation listing additional officers and/or directors.
13. Link Crow	
(Signature of Director or Officer listed in	
14. LINIA KROWN - OWNER CPRO	sidaかし f person signing application)

SECRETARY OF STATE





## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HEAVENLY FASHIONS & MORE**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since **October 8**, 2004, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 28, 2005.

DEAN HELLER Secretary of State

By Kambert Bhardway

Certification Clerk