## POOCOOOSTANSMITTAL LETTER 130 Department of State

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

SUBJECT:		FGANTE I	NC,	· .	
	(copcop.		00003122 -02/03/001 *****87.50	N1061009	
Enclosed is 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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED		
FROM: ROSE MONTGOMERY-JACKSON RESERVED TO THE RESERVED TO THE ROSE					
2800 Call FWS CT					
Ocoee, Fla 34761  City, State & Zip					
(407) 798-0007 (407) 294-5913  Daytime Telephone number					

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

## ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

2000 FEB -3 AM 10: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE	I	NAME
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The name of the corporation shall be:

LA FEMME ELEGANTE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2800 Cullens Ct, Ocoee, Fla 34761

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

TEN (10)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Rose Montgomery - Jackson

2800 Cullens CTV Ocoee, Fla 34761

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Rose Montgomery - Jackson

2800 Cullens et

Ocose, F1 34761

Signature/Incorporator

Schwary 1, 2000

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my pasition as registered agent

Signature/Registered Agent

Date