## 700000031964 TRANSMITTAL LETTER

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

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		up Inc.		
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	1160	UCP	2160.	

SUBJECT:

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

**□**\$78.75

Filing Fee,

Filing Fee & Certified Copy

Certified Copy

\$87.50

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	CHarli	e Blackwe	e//		
	Name (Printed or typed)				
	2423	Savoy	Dr.		
-		. Address	5		

F. CHELOGIN

MAR 2 9 2000

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

## ARTICLES OF INCORPORATION

NAME

The name of the corporation shall be:

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

PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 2423 Savoy Dr. Orlando, Fl 32808 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 200 SHaves at \$1.00 per SHave CHarlie Blackwell-100 SHares alonzo adams - 100 SHares INITIAL REGISTERED AGENT AND STREE ARTICLE IV The name and Florida street address of the initial registered agent are: alonzo adams 5113 Park Central Dr. Orlando, Fl 32839 Apt. 728 INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Harlie 2423 Savav 3-15-00 Signature/Incorporator

all Tied Up BouTique Inc.

(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 position as registered agent

Signature/Registered Agent

Date

Date

CORA MILES JEFFERSON

MY COMMISSION & CC 715151

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