## TRANSMITTAL LETTER

DOJUNZE AN 8:52

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

SUBJECT: PAST CREATIONS COEP.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
	•					
\$70.00 Filing Fee	al and one(1) copy of the article  \$78.75  Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM: William Hoad  Name (Printed or typed)  9351 WE 11 Ave 000003304250-8  -06/26/00-01071-015  Address						
	Pompans Bch. City. 5	Fl. 3306 Y State & Zip				

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) ARTICLE I NAME The name of the corporation shall be: PAST CREATIONS CORP



ARTICLE II_	PRINCIPAL OFFICE	
The principal p	lace of business/mailing address is	:
4351 N	巨 II th Ave	
Pomoano	Bch, Fl. 33064	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

wholesale molornes

ARTICLE IV SHARES
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRE	CTORS (optional)	30 Sect.
4351 NO BUL F1. 33064	Louis martin 4351 NG 114 Ave Ponpano Bul. Pl. 3	3014
ARTICLE VI REGISTERED AGENT	orietered agent is:	
The name and Florida street address of the re	gistored agent io.	
William HOAG 4351 NE 11th Ave Pompano Boh. Fl. 33064		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
William HOAG		
4351 WE 11th Are		
. 61 32464		

Signature/Registered Agent

Will Clary

Signature/Registered Agent

Approximate the appointment as registered agent and agree to act in this capacity

Little Clary

Date

Little Clary

Date

Little Clary

Date

Date