

TRANSMITTAL LETTER

PO10000036230

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

SUBJECT: Spag's Rags Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400003960884--S  
-04/05/01--01072--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Linda Spagnola  
Name (Printed or typed)

1423 N. Orange Ave.  
Address

Orlando, FL 32804  
City, State & Zip

407 898 5758  
Daytime Telephone number

FILED  
01 APR -5 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

G. BULLOCK APR 10 2001

2

**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:

Spag's Rags Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1423 North Orange Ave.  
Orlando, FL 32804

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Women's Resale Store

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Linda Spagnola (President, V.P., Sec./Treasurer)  
712 Nicolet Ave #90  
Winter Park, FL 32789

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

~~THE~~ Linda Spagnola  
712 Nicolet Ave #90  
Winter Park, FL 32789

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Linda Spagnola  
712 Nicolet Ave #90  
Winter Park, FL 32789

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 APR -5 PM 1:30

FILED