

PO10000082690  
TRANSMITTAL LETTER

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

900004542239--2  
-08/20/01--01086--019  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Urban Glamour, Co.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Lea Leveille  
Name (Printed or typed)

950 NE 145 Street  
Address

Miami, FL 33161  
City, State & Zip

(305) 588-7839  
Daytime Telephone number

01 AUG 20 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

gy 8/28

**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:

*Urban Glamour, Co.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*P.O. Box 641274  
Miami, FL 33164*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*to operate as a retail  
business for urban fashion clothing and accessories*

**ARTICLE IV SHARES**

The number of shares of stock is:

*13*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

*Lea Leveille  
950 NE 145 Street  
Miami, FL 33161*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Lea Leveille  
950 NE 145 Street  
Miami, FL 33161*

\*\*\*\*\*

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

*Lea Leveille*  
\_\_\_\_\_  
Signature/Registered Agent

*8/15/01*  
\_\_\_\_\_  
Date

*Lea Leveille*  
\_\_\_\_\_  
Signature/Incorporator

*8/15/01*  
\_\_\_\_\_  
Date