# PO/1001/183375

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

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SECRETARY OF STATE
TALLAHASSEE, FI DORE

SUBJECT:	IntRigle	STyles	III.	Inc.	
	✓ (Proposed corporate name/- must include suffix)				

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

\$70.00 \$78.75  Filing Fee & Certificate	☑\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
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ADDITIONAL COPY REQUIRED

FROM:	M. L. J. Tax + Accounting, Inc  Name (Printed or typed)				
	3140 Sherwood BIVI.				
	Address				
	Dellay Beach, FL 33445 City, State & Zip				
	City, State & Zip				
	561-637-4007				
	Daytime Telephone number				

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### ARTICLES OF INCORPORATION

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

# ARTICLE I NAME

The name of the corporation shall be:

Intrigue Styles III, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

3412 Springbluff Place Lauderhill, Fl 33319

#### ARTICLE III SHARES

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

500 Shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Barbara Barrett 3412 Springbluff Place Lauderhill, FL 33319

#### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Barbara Barrett 3412 Springbluff Place Lauderhill, FL 33319

Signature/Incorporator

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(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

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