TRANSMITTAL LETTER Department of State Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

| SUBJECT: | 9,99 SHOES | PLUS, FrC TENAME-MUST INCLU | DE SUBSTIXED |
|--|---|---|--|
| Enclosed is an original | inal and one(1) copy of the article | | AND PH 3: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| RECEIVED 02 APR 19 PM 3: 03 JEPAKIMENT OF STATE SIVISION OF CORFUSATIONS WAS A PROPERTY OF STATE OF S | Name (P) 3030 S - M TALLAHAN e - City, 850 23 | rinted or typed) ONROST Address M. 3230 State & Zip 9 8062 Gelephone number | 00053097316 -04/19/0201094001 *****80.00 *****78.75 |

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

gr4/19

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) |
|--|
| ARTICLE I NAME |
| The name of the corporation shall be: 9,99 SHOES PLW. INC. |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 30 30 # 5 B 5. Morko TT TALLAHASSEE (**L 3230) |
| ARTICLE III PURPOSE |
| The purpose for which the corporation is organized is: |
| HASS 19 FLAT |
| ARTICLE IV SHARES |
| The number of shares of stock is: $\frac{100}{100}$ |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) |
| The name(s), address(es) and title(s): |
| R HASSAN SATI P.O.130X 6615 |
| TALLAHAISEE FL 32314 |
| ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: |
| HASSAN SATI 2020 # 5B C. MONROST |
| TAMAHASSA-, PC, 32301 |
| ARTICLE VII INCORPORATOR |
| The <u>name and address</u> of the Incorporator is: |
| The <u>name and address</u> of the Incorporator is: HASSAN SATI 3030 # 5B S. MONRO ST TALLAHASSPE, Pl, 32301 |
| *************************************** |
| 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 |
| ×2/ |
| Signature/Incorporator Date |