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SECRETARY OF STATE
AND HASSEE FLORIDA



TRANSMITTAL LETTER

Department of State			
Division of Corporat	ions	. , .	
P. O. Box 6327	-		
Tallahassee, FL 323	14		
SUBJECT: <u>(Ja</u>	UBUL FASHIONS (PROPOSED CORPORA	Tac. te name - <u>must incl</u> i	UDD SUBILX)
Enclosed are an origi	nal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00	⊠ \$78.75	\$78.75	□ \$87.50
·	-	· L	1
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	ARION Paul Name	(Printed or typed)	
	225 St Cloud 1	Address Apt N	2/
-	Kiesimmee City	7/ 34744 State & Zip	
	321-443-2470 Davime	Celephone number	

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:
JauPaul Fashions Inc.
ARTICLE I NAME The name of the corporation shall be: Jaulaul Fashions Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Sears Town Mall 3560 S. Washington Ave Suite 27
THUSVILLE. Fl. 32780
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Fashion Services to Customers
ARTICLE IV SHARES The number of shares of stock is: O
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Catherine Paul 225. St Cloud Village Kissimmere Fl 34744, (President)
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Carlon L. Paul 225 & Clould Village Kiss. Fl 34744
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Cartherine Haul 225 St Cloud Village Kres F1 34744

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
11/20/000
Signature (Registored) Agent Date

Signature/Incorporator