P02000117780

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special instructions to Filing Officer:				
j				
·				

Office Use Only



100008623741

10/31/02--01060--005 **78.75

OZ OCT 31 AN IO 35
SECRETARY OF STATE
AND ANASSEE FLURIDA



TRANSMITTAL LETTER

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

Enclosed is an original and one(1) copy of the artic	les of incorporation and a	check for :	
\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Strabe	Printed or typed)	DAVIS	
7824	Egrets 1	Andling	Dr.
Lake N	And F	- LUCIDA,	32744
l— 4	07-321-7	1612	**

(Proposed corporate name - must include suffix) (

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

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:	ALLOND ST. C.
LIZANNE ORIGINALS, 3	DNC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this com ARAH Egrats LANdw	poration shall be:
LAKE MARY, FLORIDA	32746
The number of shares of stock that this corporation is suthorize	d to have outstanding at any one time is:
500	
ARTICLE IV INITIAL REGISTERED AGENT AT The name and Florida street address of the initial registered age	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of ELLIA beth. A. DAVI	-
2524 Egrets Loveling	TOK.
LANGE WHY FC. 82	10-1-02
Signature/Incorporator	Date
(An additional article must be added if a	n effective date is requested.)
Having been named as registered agent and to accept service of process fo certificate. I hereby accept the appointment as registered agent and agres provisions of all statutes relating to the proper and complete performa obligations of myposition as registered agent	to act in this capacity. I further agree to comply with the
//W	10-1-07
Sigenture/Registered Agent	Date