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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
03 JAN -2 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.
URBAN CLOTHING WHOLESALE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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: **Urban Clothing Wholesale, Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation shall be:
**751 South Pinellas Avenue
 Tarpon Springs, FL 34689**

ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any one time is:
**One-Thousand (1,000) Shares
 Common Stock**

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent are:
**Thomas R. Dubay
 751 South Pinellas Avenue
 Tarpon Springs, FL 34689**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
**Thomas R. Dubay
 751 South Pinellas Avenue
 Tarpon Springs, FL 34689**

ARTICLE VI OFFICERS

The officers of the corporation are:
**Thomas R. Dubay: Director/President
 Douglas R. Dubay: Director/Vice President
 Richard G. Dubay: Director/Sec/Treasurer**

ARTICLE VII EFFECTIVE DATE

The effective date of the corporation is: **January 1, 2003**



 Signature/Incorporator

01-01-03

 Date

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

01-01-03

 Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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