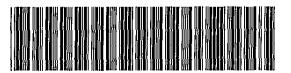
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PICK-UP WAIT MAIL	
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Special Instructions to Filing Officer:	٦
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SECRETARY OF STATE
TALLAHASSEE, LIBID

BR 4/29

TRANSMITTAL LETTER

Department of State Division of Corpora P. O. Box 6327 Tallahassee, FL 323	tions		· · · · · · · · · · · · · · · · · · ·		
SUBJECT: Sha	annon Nicole's Boutique, Ind (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	DDASUARIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	i a check for:		
S70.00 Filing Fee	2 \$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;	Priscilla Renee Bibbs				
	Name	(Printed or typed)			
	3025 Homestead Oaks Drive				
Address					
	Clearwater, FL 33759	State & Zip			
	727-797-5326	elephone number			
— wy					

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



DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

General Tax Administration Child Support Enforcement Property Tax Administration Administrative Services Information Services

JimZingale Executive Director

APRIL 21, 2003

DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314 CK#890 AMT:\$78.75 SCREENER:

We are returning remittance (s) listed below for the following reasons, as indicated by an X.

XX Check/Money Order/Document(s) sent to Florida Department of Revenue in error.

Unable to identify- if this remittance is for taxes administered by the Florida Department of Revenue, please enclose appropriate tax return with your tax identification number and return to the address indicated below.

If this is in payment of Federal taxes, please send to the Internal Revenue Service Center, Atlanta, Georgia 39901.

Your check or money order is not payable to the Florida Department of Revenue and/or is incomplete. Actual payment of taxes cannot be accounted for until this Department receives a correctly completed valid check or money order.

We are returning the attached documentation relating to vehicle title, registration and/or vehicle license tag. The Florida Department of Highway Safety and Motor Vehicles or the local tax collector/tag agency should be contacted. You may contact the Florida Department of Highway Safety, Title & Registration at (850) 488-3881.

Postal Damage- Your remittance has been damaged by the postal process. We are returning your damaged property. Please complete and forward the enclosed coupon with your response.

Other:

SENT FOR PRISCILLA R. BIBBS, CLEARWATER, FL 33759-1626.

Please include this correspondence and any postmarked envelope(s) along with your response to:

Florida Department of Revenue Return & Revenue Processing 5050 W. Tennessee Street, Bldg k Tallahassee, FL 32399-0100

1 and a stand of the

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Shannon Nicoles Boufique, Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3025 Homestead Oaks Drive Clearwater, FI 33759

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail Establishment-Selling women apparel, shoes, and costume jewiry

ARTICLE IV SHARES

The number of shares of stock is:

0

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(cs) and title(s):

Priscilla Renee Bibbs CEO and President Dennis W. Bibbs Vice President Hattie Dancil - Director of Marketing

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Priscilla R. Bibbs 3025 Homestead Oaks Drive Clearwater, FL 33759

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Priscilla Renee Bibbs 3025 Homestead Oaks Drive Clearwater, FI 33759

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

Signature/Incornorator

4-28.03

Date

4.28-03

Date