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(Address)					
(Address)					
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(Business Entity Name)					
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TRANSMITTAL LETTER

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

SUBJECT: Sock	s Up ,Inc.			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDESUFFIX)	
.	. 1 1 (1)			
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:	
\$70.00	☑ \$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
1	& Certificate of Status	& Certified Copy	Certified Copy	ı
			& Certificate of	
		ADDITIONAL CO	Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: R	aymond Hales			
TROM.		e (Printed or typed)		
	4070 B 44 4 B : "	004		
<u>-</u>	1372 Bay Harbor Drive #	and the second s	<u> </u>	
		Address		
	Palm Harbor , Florida 34	COE a		
-		, State & Zip	<u> </u>	, KT-1
	City	, wate of Lip		
	727-773-8063			
_		Telephone number	<u> </u>	- · · ·

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: Socks Up .Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1372 Bay Harbor Drive #304 Palm Harbor, Florida 34685

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Wholesale of Sock Apparel

ARTICLE IV

The number of shares of stock is:

1.000 shares authorized

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s):

Raymond Hales 1372 Bay Harbor Drive #304

Palm Harbor, Fl 34685

President

Tracey Hales

1372 Bay Harbor Drive Palm Harbor, Florida 34685

Vice President

REGISTERED AGENT

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

Tracey Hales 1372 Bay Harbor Drive #304 Palm Harbor, Fl 34685

INCORPORATOR ARTICLE VII

The <u>name and address</u> of the Incorporator is:

Tracey Hales 1372 Bay Harbor Drive # 304 Paim Harbor, Florida 34685

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

Date

Signature/Registered Agent

Signature/Incorporator