

P03000114906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

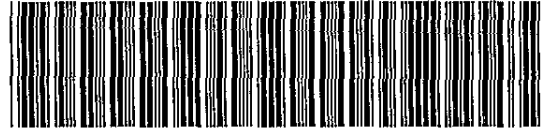
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** PLAY HER SPORTSWEAR, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM:

THOMAS ORTIZ

Name (Printed or typed)

2815 W. PARKLAND BLVD.

Address

TAMPA, FL 33609

City, State & Zip

(813) 714-8085

Daytime Telephone 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:

PLAY HER SPORTSWEAR INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2815 W. PARKLAND BLVD.

TAMPA, FL 33609

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO SELL SPORTSWEAR

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS [optional]**

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

THOMAS ORTIZ

2815 W. PARKLAND BLVD.

TAMPA, FL 33609

**ARTICLE VI REGISTERED AGENT**

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

THOMAS ORTIZ

2815 W. PARKLAND BLVD.

TAMPA, FL 33609

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

THOMAS ORTIZ

2815 W. PARKLAND BLVD.

TAMPA, FL 33609

\*\*\*\*\*

*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/Incorporator

10-9-03  
\_\_\_\_\_  
Date

FILED  
03 OCT 10 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA