

PO4000028645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

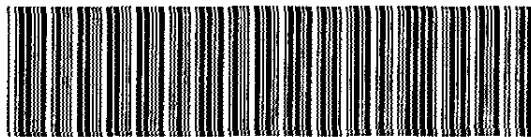
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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✓  
2/12/04

## TRANSMITTAL LETTER

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

SUBJECT: Extra Perfume Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Extra Perfume Inc.

Name (Printed or typed)

791 N. Pine Island Road #304

Address

Plantation FL 33324

City, State & Zip

(754) 245-2649

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:

Extra Perfume Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

791 N. Pine Island Road, #304  
Plantation FL 33324

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Perfume sales

## ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Eyal Fitoussi, President  
791 N. Pine Island Rd, #304  
Plantation, FL 33324

## ARTICLE VI REGISTERED AGENT

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

Eyal Fitoussi  
791 N. Pine Island Rd, #304  
Plantation, FL 33324

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eyal Fitoussi  
791 N. Pine Island Rd. #304  
Plantation, FL 33324

\*\*\*\*\*

*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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA