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## TRANSMITTAL LETTER

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

SUBJECT: The Suit Factory, 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: Latif M. Farag  
Name (Printed or typed)

9201 Tudan Dr. # C-114  
Address

Tampa, FL 33612  
City, State & Zip

(423) 313-6699  
Daytime Telephone number

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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:

The Suit Factory, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8073 Citrus Park Dr.  
Tampa, FL 33625

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail Operation and wholesale importer

## ARTICLE IV SHARES

The number of shares of stock is: 1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Latif Moustafa Farag, President

## ARTICLE VI REGISTERED AGENT

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

Latif Moustafa Farag  
9201 Tudan Dr. #C-114  
Tampa, FL 33612


## ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Latif Moustafa Farag  
9201 Tudan Dr. #C-114  
Tampa, FL 33612

\*\*\*\*\*

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

5/6/04  
\_\_\_\_\_  
Date

5/6/04  
\_\_\_\_\_  
Date

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