

P05000040/89

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

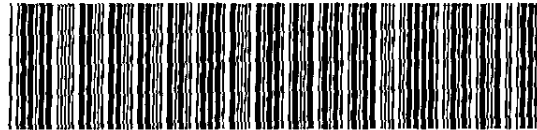
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FILED
05 MAR -8 AM 8:13
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

3/12/05
BWK

FROM : DALE

FAX NO. : 7277716353

Mar. 03 2005 04:42PM PB

TRANSMITTAL LETTER

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

SUBJECT: CHAZZMATAZZ, 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: CHARLES P. THOMPSON

Name (Printed or typed)

2193 BOXWOOD STREET

Address

NORTH PORT FL. 34289

City, State & Zip

941-423-3609 OR 727-251-8869

Daytime Telephone number

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

FROM : DALE

FAX NO. : 7277716353

Mar. 03 2005 04:42PM P9

FILED

ARTICLES OF INCORPORATION

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

05 MAR -8 AM 8:13

ARTICLE I NAME

The name of the corporation shall be:

CHAZZMATAZZ, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2193 BOXWOOD STREET
NORTH PORT, FL. 34289

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE UPSCALE CLOTHING FOR REGULAR & BIG & TALL MEN.

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CEO CHARLES P. THOMPSON
2193 BOXWOOD STREET
NORTH PORT, FL. 34289

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

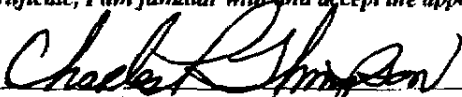
CHARLES P. THOMPSON
2193 BOXWOOD STREET
NORTH PORT, FL. 34289

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHARLES P. THOMPSON
2193 BOXWOOD STREET
NORTH PORT, FL. 34289

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

3-3-05

Date



Signature/Incorporator

3-3-05

Date