P05000050561

| (Requestor's Name) | | | | |
|---|--------------|-------------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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17.4-5

TRANSMITTAL LETTER

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

| SUBJECT: CURTA | AIN CALL INCORPORATED | | |
|----------------------|--|--|---|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | l a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |
| FROM: AN | NETTE FOWLER | | |
| | Name | (Printed or typed) | |
| | 9205 COUNTY ROAD 13 N | | |
| | | Address | |
| | ST AUGUSTINE, FLORIDA 3209 | | |
| | City, | State & Zip | |
| | 904-940-9230 | | |
| | Daytime 1 | elephone number | |

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



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FLORIDA DEPARTMENT OF STATER -5 AM 8: 17

Glenda E. Hood Secretary of State

March 23, 2005

TO A STATE OF STATE O

ANNETTE FOWLER 9205 COUNTY RD. 13 N. ST. AUGUSTINE, FL 32092

SUBJECT: CURTAIN CALL INCORPORATED

Ref. Number: W05000015037

We have received your document for CURTAIN CALL INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis Document Specialist New Filings Section

Letter Number: 705A00019986

TRANSMITTAL LETTER

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

| SUBJECT: CREAT | TIONS BY CURTAIN CALL INC. (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFF(X) |
|-------------------------|---|---|-------------------------|
| Enclosed are an orig | rinal and one (1) copy of the art | icles of incorporation and | I a check for: |
| □ \$70.00 Filing Fee | | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status |
| FROM: | | FOWLER (Printed or typed) | |
| - | | NTY ROAD 13 N Address | |
| | | INE, FLORIDA 32092 State & Zip | |
| - | 904-940-9230 |) Selenhone 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)

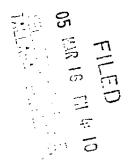
ARTICLE I NAME

The name of the corporation shall be:

CREATIONS BY CURTAIN CALL INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 9205 COUNTY ROAD 13 N, ST AUGUSTINE, FLORIDA 32092



ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO SOLELY OPERATE AS A FLORIDA CORPORATION CONDUCTING BUSINESS AS A SEAMSTRESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ANNETTE FOWLER-PRESIDENT 8536 MOSS DRIVE ST AUGUSTINE, FLORIDA 32092

ARTICLE VI REGISTERED AGENT

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

N & R TAX SERVICE, INC. 12708 SAN JOSE BLVD. SUITE 1D JACKSONVILLE, FLORIDA 32223

ARTICLE VII ___ INCORPORATOR

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

ANNETTE FOWLER 8536 MOSS DRIVE ST AUGUSTINE, FLORIDA 32092

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, Lam familiar with and occept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

4/4

Date