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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

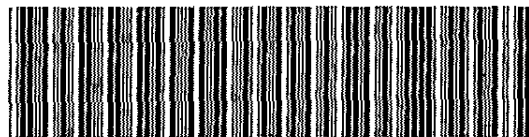
(Business Entity Name)

(Document Number)

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

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2005 JUN 23 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. Hampton JUN 23 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** My Size 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Jose Antonio Cureño

Name (Printed or typed)

405 SW. 2nd St

Address

Boynton Beach, FL 33435

City, State & Zip

561-436-2064

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)

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2005 JUN 23 PM 3: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

My Size Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

405 SW. 2nd St , Boynton Beach , FL 33435

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This business may engage or transact in any or all Lawful Activities or Business permitted under the law of the Unites States , The State of Florida, or any other state, county Territory Or Nation.

## 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):

Jose Antonio Cureño, 405 SW. 2nd St , Boynton Beach , FL 33435  
President, Vice President, Director , Treasurer

Catalina Garcia.405 SW 2nd Street, Boynton Beach FI 33435.  
Secretary

## ARTICLE VI REGISTERED AGENT

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

Ingrid Datena, C/O Cosmopolitan Insurance, 3150 South Congress Ave, Lake Worth FI 33461

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jose Antonio Cureño, 405 SW. 2nd St , Boynton Beach , FL 33435

\*\*\*\*\*  
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