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TRANSMITTAL LETTER

RUFFS AND CUFFS, INC

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

	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	<u>ODE SCPPIA</u>)	
closed are an orig	inal and one (i) copy of the arti	cles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	OPY REQUIRED	
FROM:	7654 N	(Printed or typed) OB HILL Address	ROAD S	1
-	TAMARA City,	-C, FL 333 State & Zip	321	
-	954 7 Q	6 - 2238 elephone number	2:40	RATIC

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: RUFFS+CUFFS INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 7918 EXETER CIRCLE WEST TAMARAC, FL 33321 **PURPOSE** ARTICLE III The purpose for which the corporation is organized is: FASHION DESIGN ARTICLE IV SHARES The number of shares of stock is: 500 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): CAROL ARROYO 7918 EXETER CIRCLE WUST PRES, SEC. TAMARAC, FL 33321 CAROLE RAFT 2918 EXETER CIRCLE WEST TAMARAC, FL 33321 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: CAROLE RAFT 7918 EXETER CIRCLE WEST TAMARAC, FL. 33821 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: CAROLE RAFT 7918 EXETER CIRCLE WEST TAMARAC, FL. 3382/

Signature/Incorporator

CAROLE ANT

Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

CAROLE ANT

Date

Date

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this