# P05000/23084

(Requestor's Name)		
(Address)		
(Ad	Idress)	
	,	
(Ci	ty/State/Zip/Phone	9 #)
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(Bu	isiness Entity Nan	nej
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

## TRANSMITTAL LETTER

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

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SUBJECT: Domestication of TL Sizes Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

## **OPTIONAL:**

**Certificate of Status** 

\$ 8.75

FROM: Robert B Torte

Name (printed or typed)

4757 Olive Branch Rd, #1409

Address

Orlando, FL 32811

City, State & Zip

407-841-5389

Daytime Telephone Number

# CERTIFICATE OF DOMESTICATION

.

The understand	Robert B. Torte	President and CEO
The undersigned, <u>F</u>	(Name)	(Title)
of TL Sizes Inc.		a foreign corporation,
	(Corporation Name)	
in accordance with	s. 607.1801, Florida Statutes, does hereby	certify:
1. The date on wh	ich corporation was first formed was Marc	h 30, 2005 .
2. The jurisdiction	where the above named corporation was	first formed, incorporated, or otherwise
came into bein	g was Arlington County, Commonwealth of V	Irginia, United States
3. The name of th was <u>TL Sizes ir</u>	e corporation immediately prior to the filin	
	e corporation, as set forth in its articles of $1607.0401$ with this certificate is <u>TL Sizes</u>	
administration immediately be	n that constituted the seat, siege social, or p of the corporation, or any other equivalent fore the filing of the Certificate of Domes , Commonwealth of Virginia, United States	jurisdiction under applicable law,
6. Attached are Fl to s. 607.1801.	orida articles of incorporation to complete	the domestication requirements pursuant
I am President and	CEO, of _TL Sizes Inc	
and am authorized	to sign this Certificate of Domestication or	behalf of the corporation and have done
so this the 24th d		, 2005
	Authorized Signatur	e)
	Filing Fee: Certificate of Domestication Articles of Incorporation and Certified Total to domesticate and file	\$50.00 Copy <u>\$78.75</u> \$128.75

<u>\$78.75</u> \$128.75

INHS53 (6/04)

## ARTICLES OF INCORPORATION

1

IN COMPLIANCE WITH CHAPTER 607, F.S.

#### **ARTICLE I** NAME

THE NAME OF THE CORPORATION SHALL BE: TL Sizes Inc

#### ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: 4757 Olive Branch Rd, #1409 Orlando, FL 32811

#### ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: Retail sale of women's shoes and handbags via Ebay and Amazon.com

#### ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1500

## ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: President, CEO, Chairmain of Board of Directors:

Robert Torte 4757 Olive Branch Rd, Apt 1409 Orlando, FL 32811

#### ARTICLE VI **INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

4757 Olive Branch Rd, Apt 1409 ROBERT B. TORTE Orlando, FL 32811

#### INCORPORATOR ARTICLE VII

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Robert B. Torte 4757 Olive Branch Rd, Apt 1409 Orlando, FL 32811

HAVING BEEN NAMED AS REGISTERED AGENT AND 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 Robert B. Take

- . De

Date

8/24/05 te 8/24/05

Signature/Incorporator Raboa