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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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10/17/05  
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## TRANSMITTAL LETTER

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

SUBJECT: Adriana's Tailoring, 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: Alma Robaina  
Name (Printed or typed)

7549 Via Luria  
Address

Lake Worth FL 33467  
City, State & Zip

954-839-5890  
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)

### **ARTICLE I NAME**

The name of the corporation shall be: *Adriana's Tailoring, Inc.*

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is: *7549 Via Luria  
Lake Worth, FL 33467*

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Any and all lawful business*

### **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):

*Alma Robaina - President  
7549 Via Luria  
Lake Worth, FL 33467*

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### **ARTICLE VI REGISTERED AGENT**

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

*Alma Robaina  
7549 Via Luria  
Lake Worth, FL 33467*

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Alma Robaina  
7549 Via Luria*

*Lake Worth, FL 33467*

\*\*\*\*\*  
*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]*  
Signature Registered Agent

*10/7/05*  
Date

*[Signature]*  
Signature/Incorporator

*10/7/05*  
Date