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(Requestor's Name) (Address) (Address)	400061559944
(City/State/Zip/Phone #)	11/23/0501025019 <b>**87.50</b>
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 05 DEC -7 AN 8: 05 SECRETARY OF STATE TALLANASSEE, FLORIDA
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C.J. 12-8

### **COVER LETTER**

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

Me - HHIVI (PROPOSED CORPORATE NAME - MUST SUBJECT: Puration.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee

FROM: \_\_\_\_

Filing Fee & Certificate of Status

S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate of
ADDITIONAL CO	Status PPY REQUIRED
R Lal	

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PO BOX 591 APOPKA, FL 32704`

renda

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

Name (Printed or typed)



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 28, 2005

BRENDA L. BARFIELD PO BOX 591 APOPKA, FL 32704` SUBJECT: IAAM (IT'S ALL ABOUT ME) Ref. Number: W05000052579

We have received your document for IAAM (IT'S ALL ABOUT ME) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., \_ INC., and INCORPORATED.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2006 date is</u> <u>needed</u>, otherwise the date of receipt will be the file date. <u>A separate article</u> <u>must be added to the Articles of Incorporation for the effective date.</u>

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

Letter Number: 905A00069257

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# 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: \_\_\_\_\_\_AAM, Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P. P. Dox 591 Apopka Florida 32704

ARTICLE III <u>PURPOSE</u> The purpose for which the corporation is organized is:

Apparels (Cluthing

ARTICLE IV SHARES The number of shares of stock is:

IDD

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Prenda L. Dartiell- CED + Founder Heather M. Williams President

#### ARTICLE VI **REGISTERED AGENT**

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

Drende L. Bartield.

PO BOX 591 APOPKA, FL 32704` ARTICLE VII INCORPORATOR The name and address of the Incorporator is:

Prenda L. Bartield PO BOX 591

APOPKA, FL 32704`

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, <u>I am</u>familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Regis Signature/Incorporator

FILED 05 DEC -7 AM 8:05 ECRETARY OF STATE

<u>|2| 85| 05</u> Date <u>|2| 05| 85</u>