## P06000008188

(Requestor's Name)				
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- (Cit	y/State/Zip/Phon	e #fi		
(City/State/Zip/Pilone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Lid	cument Number)	l		
Certified Coples	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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02/24/06-01028--015 \*\*87.58

06 FEB 24 PH 4: 3
SECRETARY C. STATION

## **COVER LETTER**

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

SUBJECT:	WEAR SKIMPY IN (PROPOSED CORPORA	<u>د</u>	
Enclosed are an orig	(PROPOSED CORPORA inal and one (1) copy of the arti		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	SHARON WIL Name 1086 W SHO	UAMSON (Printed or typed) 2E DRIVE Address	
•	•	PEACH FL 334 State & Zip  5851 Celephone number	04

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

A DELCE EC OE ELCODOOD A DEON	
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:	06 FEB 24 PH 4: 37
WEAR SHIMPY INC	
·	SECRETARY OF STATE TALLAHASSEF FLORIDA
ARTICLE II PRINCIPAL OFFICE	(Marchine)
The principal place of business/mailing address is:	
1086 W SHOPE DRIVE	
WEST PACK BEACH, IL 33406	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
SELL APPAREL (WOMENS (LOTHING)	
ARTICLE IV SHARES	
The number of shares of stock is:	
1	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	<u>s</u>
List name(s), address(es) and specific title(s):	
SHARON WILLIAMSON - 1086 W SHORE DRIVE WPB I STEPHEN B WILLIAMSON - 1086 W SHORE DRIVE WPB I	TL 33406 C. 22ch
STEPHEN B WILLIAMSON - 1086 W SHOPE HAVE WAS	2 32706
ARTICLE VI REGISTERED AGENT	California di calculati di calculati di
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of	the registered agent is:
SHARON WILLIAMSON 1084 IN SHOPE DRIVE	
WEST PALMBERCH, FL 33404	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
SHARON WILLIAMSON	
1081 W SHOET DEIVE	
WBT PARM 750ACH, GL 333406	
*****************	******
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and a	
Shar lewilor	2-15-05
Signature/Registered Agent	Date

2-15-05 Date

Alian Musson Signature/Incorporator