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(Re	questor's Name)	····
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Cit	y/State/Zip/Phone	- #h
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer.	
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Office Use Only



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2010

COVER LETTER

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

SUBJECT:	Alterations (PROPOSED CORPORA)	WITH ST.	V/C, INC-	
		I	a al a ala Cam	
Enclosed are an origing \$70.00 Filing Fee	inal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: Maria Rosa Rizzo & Maria De Rosa 10906 118th Sto North 3760 7th Ave Deri Seminale Address City, State & Zip				
727-39/-5/30 Daytime Telephone number				

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

COPY

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
	Con May 25 D
ARTICLE I NAME The name of the corporation shall be:	
	1988 C. S. C.
Alterations with Style, ive.	- 105 Gb (
ARTICLE II PRINCIPAL OFFICE	%£ ;
The principal place of business/mailing address is:	
1 The principal place of business/mailing address is: 9430 Seminole Blvd. Oxford Squar	re)
seminole i Florida 33778	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	<u></u>
Alterations /tailoring	
ARTICLE IV SHARES	
The number of shares of stock is:	-
2,000 shares	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	1, 1)
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(cs) and specific title(s): Maria Rizzo (Resident) Maria D 10906 118 H Novoles F1 34117 Seminole,	a Roschlie Procedeni
maria Rizzo (PRESIDENT) Muria	2/ 1/
3760 7th Ave Sw 10906 118"	
Noples, F1 34117 Seminole,	F1 33778
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the reg	istered agent is:
Maria Pilzzo	· · · · · · · · · · · · · · · · · · ·
10906 1184 Street. IV.	
10906 1184 Street. IV Seminole, Fl 33778	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	~
Maria Rizzo, Maria Maria	De Kosa
10906 118th Street No 10906/	18th St. N
seminde, F1 33778 seminde	18th St. N FL 33778
Having been named as registered agent to accept service of process for the above stated co- certificate, I am familiar with and accept the appointment as registered agent and agree to a	orporation at the place designated in this ct in this capacity
PHOTO BODO	; -
Signature/Registered Agent	Dete
Pignamic Vegineral Agent	Date
Marica 18 Kasa	(FL9740)

Nauc De Kasa Signature/Incorporator