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(Cit	ty/State/Zip/Phon	e#)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer;	
	Office Use Or	



05/12/06--01034--012 \*\*78.75



S. 15-06

### **COVER LETTER**

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

£

# SUBJECT: SEWING CENTER TAC. (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 ✓ \$78.75Filing Fee & Certificate of Status

\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	<b>PY REQUIRED</b>

FROM: JOSEPH LA FAUCI

Name (Printed or typed)

6602 NW 57 CT

Address

TAMARAC, FL 33321

City, State & Zip

954 721 7189

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)

### <u>ARTICLE I NAME</u>

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The name of the corporation shall be: SEWING CENTER INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6602 NW 57 CT. TAMARAC, FL 33321

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SELLING, SERVICING SEWING MACHINES AND RELATED ITEMS, NOTIONS, TRIMS, CLASSES

### ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): JOSEPH LA FAUCI (PRES) 6602 NW 57 CT. TAMARAC, FL 33321

### ARTICLE VI REGISTERED AGENT

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

JOSEPH LA FAUCI 6602 NW 57 CT. TAMARAC, FL 33321

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: JOSEPH LA FAUCI 6602 NW 57 CT. TAMARAC. FL 33321

Signature/Incorporator

### \*\*\*\*\*\*\*\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate (] am familiar with ay accept the appointment as registered agent and agree to act in this capacity

taud ignature/Registered/Agent

/n

6 Date Date

FILED 2006 MAY 12 A 8: 37 SECRETARY OF STATE ALLAMASSEE, FLORIDA