

P00000077747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

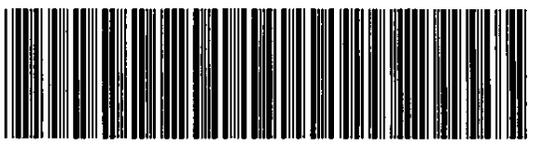
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800075665598

06/05/06--01026--010 **78.75

FILED
06 JUN -5 PM 4: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J 6/6/06

TRANSMITTAL LETTER

FILED

06 JUN -5 PM 4: 27

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: S. A. & F. OF SOUTH FLORIDA, 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: LAURA MONTANARO
Name (Printed or typed)

1140 NE 2ND STREET
Address

POMPANO BEACH, FL 33060
City, State & Zip

954-785-2142 / 954-270-3261
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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

S. A. & F. OF SOUTH FLORIDA, INC.

06 JUN -5 PM 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1360 NE 27 TERRACE # 4
POMPANO BEACH, FL 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALE WOMENS PRODUCTS

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):

PRES/ SEC- SUZETTE MICHAUD BRYAN, 1360 NE 27 TERRACE #4, POMPANO BEACH, FL 33062
VICE PRES- FRANK DIMARIA, 5056 ALENCIA CT, DELRAY BEACH, FL 33484
TRES- ARMAND G MICHAUD, 1360 NE 27 TERRACE #4, POMPANO BEACH, FL 33062

ARTICLE VI REGISTERED AGENT

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

LAURA MONTANARO,
1140 NE 2 STREET
POMPANO BEACH, FL 33060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LAURA MONTANARO
1140 NE 2 STREET
POMPANO BEACH, FL 33060

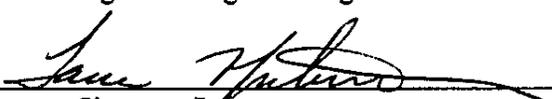
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5/25/06

Date



Signature/Incorporator

5/25/06

Date