

**PD6000086426**

**Florida Department of State  
Division of Corporations  
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TALLAHASSEE, FLORIDA**

**To:**

Division of Corporations  
Fax Number : (850)205-0381

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**APPAREL UNLIMITED INC.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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**Articles of Incorporation**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:  
Apparel Unlimited Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
3005 Walton Street #2  
Jacksonville, FL 32207

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.

**ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS**

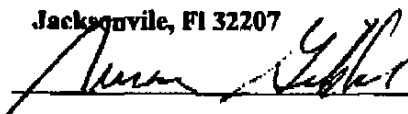
The name and Florida street address of the initial registered agent are:  
Ammar Gibbs  
3005 Walton Street #2  
Jacksonville, FL 32207

**ARTICLE V INCORPORATOR**

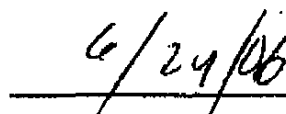
The name and address of the incorporator to these Articles of Incorporation are:  
Ammar Gibbs  
3005 Walton Street #2  
Jacksonville, FL 32207

**ARTICLE VI OFFICERS AND DIRECTORS**

Ammar Gibbs  
3005 Walton Street #2  
Jacksonville, FL 32207



Signature/Incorporator



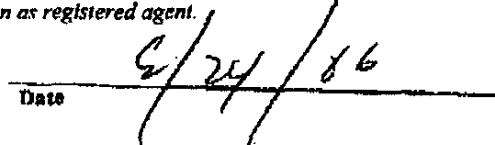
Date

( An additional article must be added if an effective date is requested. )

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent



Date

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