

706000/20899

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
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 06 SEP 19 PM 4:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

wearing dreams, inc.

Certificate of Status	1
Certified Copy	0
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W06-41299

MRD9/20

ARTICLE V - INCORPORATOR(S)

The name(s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are):

Cynthia Harper
2021 West Atlantic Blvd. #207
Pompano Beach, FL 33069

ARTICLE VI AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

ARTICLE VII - BY LAWS

The power to adopt, alter, amend or repeal By-laws shall be vested in the Board of Directors and shareholders.

ARTICLE VIII - BY LAWS

The undersigned has (have) executed these Articles of Incorporation this _____ 19th _____ day of __ September ____, 2006 ____.

 President
Signature Title

Signature/Title

Signature/Title

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

The name of the corporation is: Wearing Dreams, Inc.

The name and address of the registered agent and office is

**Cynthia Harper
2021 West Atlantic Blvd. #207
Pompano Beach, FL 33069**

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TALLAHASSEE, FLORIDA

SIGNATURE

Cynthia Harper
Corporation Officer

TITLE

PRESIDENT

DATE

09-19-2006

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designed 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 provision 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

Cynthia Harper

DATE

09-19-2006

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