

P06000146408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

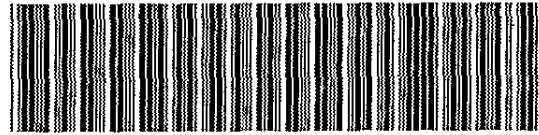
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CS, 11-22

COVER LETTER

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

SUBJECT: ERAPPAREL 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: Brian Candela
Name (Printed or typed)

6315 Donegal Drive

Address

Orlando, FL 32819

City, State & Zip

(407) 876-2486

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)

ARTICLE I NAME

The name of the corporation shall be:

ERAPPAREL Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6315 Donegal Drive
Orlando, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale and distribution of clothing

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Brian Candela, President
6315 Donegal Drive
Orlando, FL 32819

Thomas Carlotti, Vice President
418 Shenley Drive
Erie, PA 16505

ARTICLE VI REGISTERED AGENT

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

Brian Candela
6315 Donegal Drive
Orlando, FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brian Candela
6315 Donegal Drive
Orlando, FL 32819

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




Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date