# P07000024194

(Requestor's Name)			
(Address)			
(Address)			
(City (City)			
(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



800086675968

02/05/07--01042--022 \*\*78.75



# **COVER LETTER**

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

Tallahassee, FL 32314		
SUBJECT: Chi Chi Amor, Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	l a check for:
S70.00 S78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Chi Chi Amor, Inc.	(Printed or typed)	
5705 N Seminole Ave	Address	
Tampa, Florida 33604	State & Zip	<del> </del>
813.362.2000	elephone number	
Day title		

NOTE: Please provide the original and one copy of the articles.



February 7, 2007

CHI CHI AMOR, INC. 5705 N. SEMINOLE AVE. TAMPA, FL 33604

SUBJECT: CHI CHI AMOR, INC. Ref. Number: W07000006472

We have received your document for CHI CHI AMOR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Letter Number: 007A00009394

Wanda Cunningham Document Specialist New Filing Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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

The name of the corporation shall be:

Chi Chi Amor, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5705 N Seminole Ave Tampa, Florida 33604

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To sell children's clothing that is made by hand in Guatemala.

# 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):

Shari Feldman, Co-Owner, Co-president 405 East Idlewild Avenue Tampa, Florida 33604

Danielle O'Connor 5705 N Seminole Ave Tampa, Florida 33604

#### ARTICLE VI REGISTERED AGENT

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

Danielle O'Connor 5705 N Seminole Ave Tampa, Florida 33604

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Shari Feldman 405 East Idlewild Avenue Tampa, Florida 33604

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/Incorporate

1/30 07 Date