

PD7000120364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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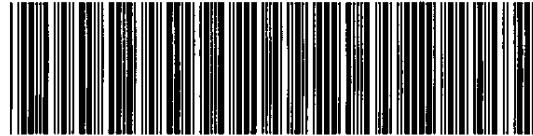
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/14

COVER LETTER

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

SUBJECT: DIVINE SHOES, 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: OTORIA PITTS

Name (Printed or typed)

2021 NW 194 TERRACE

Address

MIAMI GARDENS, FLORIDA 33056

City, State & Zip

305-318-0903

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)

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ARTICLE I NAME

The name of the corporation shall be:

DIVINE SHOES, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
2021 NW 194 TERRACE
MIAMI GARDENS, FLORIDA 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
RETAIL AND FOR ANY LAWFUL USE.

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):

OTORIA PITTS, PRESIDENT
2021 NW 194 TERRACE
MIAMI GARDENS, FLORIDA 33056

ARTICLE VI REGISTERED AGENT

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

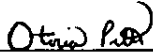
OTORIA PITTS
2021 NW 194 TERRACE
MIAMI GARDENS, FLORIDA 33056

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

OTORIA PITTS
2021 NW 194 TERRACE
MIAMI GARDENS, FLORIDA 33056


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

10/23/2007

Date



Signature/Incorporator

10/23/2007

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA