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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/22/08
SSA

COVER LETTER

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

SUBJECT: FASHION LOVE, 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: ANTHONY M. BELIZAIRE

Name (Printed or typed)

3568 SW 177 AVE

Address

MIRAMAR, FL33029

City, State & Zip

954-243-3762

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:

FASHION LOVE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3568 SW 177 AVE
MIRAMAR, FL33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**TO BE A SUCCESSFUL AND PROFITABLE ENTERPRISE IN THE FASHION
WORLD.**

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**ANTHONY M. BELIZAIRE, PRESIDENT,
3568 SW 177 AVE. MIRAMAR, FL 33029**

**MARSHA BELIZAIRE, VP
3568 SW 177 AVE. MIRAMAR, FL 33029**

**MELISSA BELIZAIRE
3568 SW 177 AVE. MIRAMAR, FL 33029**

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

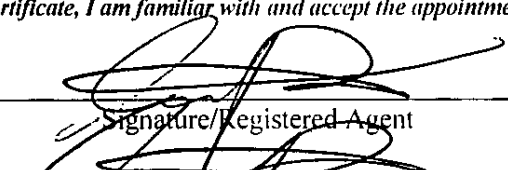
ANTHONY M. BELIZAIRE,
3568 SW 177 AVE. MIRAMAR, FL 33029

ARTICLE VII INCORPORATOR

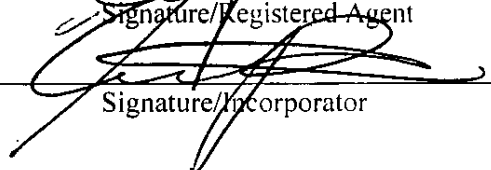
The name and address of the Incorporator is:

ANTHONY M. BELIZAIRE,
3568 SW 177 AVE. MIRAMAR, FL 33029

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



Date



Date