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COVER LETTER

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

	(I KOI OSED COKI OKA	TE NAME - MOST INC	LUDE SUFFIX,
Englosed are on o	riginal and ana (1) conv of the arti	alas afimaamamtian an	d a abaals fam
Enclosed are all of	riginal and one (1) copy of the arti	cies of incorporation an	d a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee		Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL C	OPY REQUIRED
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		Address	
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	MINAM	-An TI	33023
	City	, State & Zip	
	0000	((3)	067
	Daurima 1	Telephone number	<u> </u>
	Dayinic	elephone 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: SHARP IMPRESSIONS BOUTED
Inc.
ARTICLE II PRINCIPAL OFFICE
The principal street address and mailing address, if different is:
2441 N St. RD 7
LAUDERBALE LAKES # 33313
The purpose for which the corporation is organized is:
Clothing, Shoes Ascessor
ARTICLE IV SHARES
The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
BIOSSON D. LEVY DIRECTOR
NTOFICE
ARTICLE VI REGISTERED AGENT
The state of the s
The name and Florida street address (F.O. Box NOT acceptable) of the registered agencies:
10 0 20 1 D CE 4 3
762- COCAC 81VI
mianar #33023
ARTICLE VII INCORPORATOR ()
The <u>name and address</u> of the Incorporator is: BIOSSOM D. CEVY 7625 CORAL BIVIS
76 25 (000) 2111
10 23 WENC 101VIS
MIRAMAR H 33023

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
Mann Klikers Leur 6/19/08
Signature/Registered Agent Date
Maria 100 10 Taxis (light)
100m Licker Delly 6/17/00
Signature/Incorporator / Date/