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| (Requestor's Name) | | | |
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| (Business Entity Name) | | | |
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| (Document Number) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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SECURIARY OF STATE

SECURIARY OF STATE

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COVER LETTER

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

| rananassee, FL 323 | 514 | | |
|----------------------|----------------------------------|--|--|
| SUBJECT: Mis-en- | Chic, Inc. | | |
| | (PROPOSED CORPOR | ATE NAME – <u>MUST INCI</u> | LUDE SUFFIX) |
| | | | |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | l a check for: |
| \$70.00 Filing Fee | | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| | | | |
| FROM: He | eidi Guillot | e (Printed or typed) | - Landau de Arra |
| | Name | e (Printed or typed) | |
| | 15208 Gulf Blvd. Apt 209 | Address | |
| | | | |
| | Madeira Beach, Florida 33708-1 | 1861599 y, State & Zip | |
| | Cir | y, State & Zip | |
| | 727-435-4995 | Telephone number | |
| | Liavime | i elemione 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)

<u>ARTICLE I NAME</u>

war of grant

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is:

15208 Gulf Blvd Apt 209 Madeira Beach FL 33708-1861599

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sale of Retail Merchandise

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SECNETARY OF STATE

ARTICLE VI REGISTERED AGENT

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

Michael Bookman 14740 Highland Springs Court Davie, Florida 33325

ARTICLE VII INCORPORATOR

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

Michael Bookman 14740 Highland Springs Court Davie, Florida 33325

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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