

P08000078779

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PICK-UP WAIT MAIL

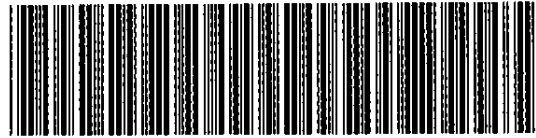
(Business Entity Name)

(Document Number)

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08/07/08--01025--012 **78.78

RECEIVED
08 AUG -7 AM 11: 17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 AUG 25 AM 9: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH
2008 21131

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. TERRIFIC, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2008

LAZARUS

SUBJECT: TERRIFIC, INC.
Ref. Number: W08000037431

We have received your document for TERRIFIC, INC. and your check(s) totaling \$78.78. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 908A00045171

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adops(s) the following Articles of incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

TERRIFIC FASHION, INC.

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08 AUG 25 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

1364 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33162

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ETTORE D. PERROTTI
1364 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33162

ARTICLES V - INCORPORATOR

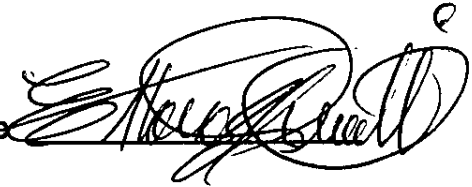
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TALLAHASSEE, FLORIDA

The name and street address of the incorporator to these Articles of incorporation is:

ETTORE D. PERROTTI
1364 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33162

The undersigned incorporator has executed these Articles of incorporation
This 6TH day of AUGUST, 2008.

Signature



ARTICLES VI - DIRECTOR(S)

The name (s) and street address (es) of the director(s) to these Articles of incorporation is (are):

ETTORE D. PERROTTI
1364 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33162

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE
Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate. I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

