

PO8000104077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

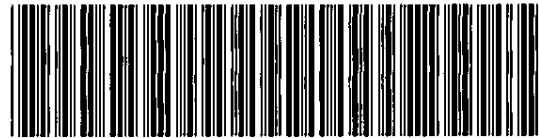
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status       

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RECEIVED  
08 NOV 25 PM 4:01  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 NOV 25 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

jc 11/25/08

COVER LETTER

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08 NOV 25 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: L & A Fashion Wear

(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: Antoinette Wilchen

Name (Printed or typed)

PO Box 19731

Address

Jacksonville FL 32245

City, State & Zip

904 874-8702

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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

*L & A Fashion Wear Inc*

NOV 25 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*10439 Greenmore Dr. Jacksonville FL 32246*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Fashion Wear*

**ARTICLE IV SHARES**

The number of shares of stock is:

*1 share*  
~~State in Billings~~

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*Antoinette Wilchen CEO*  
*Leroy Devaughn CO*

*10439 Greenmore Dr*  
*Jacksonville FL*  
*32246*

**ARTICLE VI REGISTERED AGENT**

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

*Antoinette Wilchen*  
*10439 Greenmore Dr*  
*Jacksonville FL*  
*32246*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Antoinette Wilchen*  
*10439 Greenmore Dr*  
*Jacksonville FL*  
*32246*

\*\*\*\*\*  
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

*AWilchen*

Signature/Registered Agent

*11-25-08*

Date

*AWilchen*

Signature/Incorporator

*11-25-08*

Date