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COVER LETTER

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

SUBJECT: <u>G</u>	OBSMACKES (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status	
EDOM:	SHELLEY BRI	ADDITIONAL CO	PY REQUIRED	
FROM:	Name (Printed or typed) Address	RO APT 6	15
	PALM HARI	30£ FL 34 State & Zlp	4683	

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: GOBSMACKED INC. The principal street address and mailing address, if different is: 2480 CYPRESS POND RD APT 615 / PO BOX 6812 PALM HARBOR FL 34683 ARTICLE III DISTRICT FILE ARTICLE III DISTRICT FILE ARTICLE III DISTRICT FILE CHAILING ADDRESS (MAILING ADDRESS) ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: <u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is: SALE OF APPAREL/CLOTHING ARTICLE IV SHARES The number of shares of stock is: 1000 1,777.22 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): SHELLEY BRONSON/CEO 2480 CYPRESS POND RD APT 615 PALM HARBOR FL 34683 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: SHELLEY BRONSON RO APT 615 HARBOR INCORPORATOR The <u>name and address</u> of the Incorporator is: SHELLEY BROWSON 2480 CYPRESS PAND ED APT 615 HARBOR 34683 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

ARTICLES OF INCORPORATION

Signature/Incorporator