

PO9000021045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

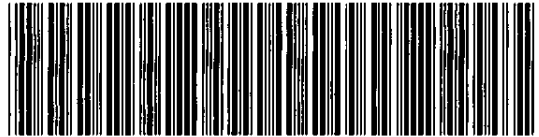
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/24/09--01025--015 \*\*78.75

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2009 MAR -5 A 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR -8 2009  
D.A. WHITE

## COVER LETTER

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

**SUBJECT:** The Queen's Fit Inc.

**(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:** Chris Cochran

Name (Printed or typed)

13501 Tamiami Trl

Address

North Port, FL 34287

City, State & Zip

(941)237-7098

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2009

CHRIS COCHRAN  
13501 TAMIAMI TRL  
NORTH PORT, FL 34287

SUBJECT: THE QUEEN'S FIT INC.  
Ref. Number: W09000009067

We have received your document for THE QUEEN'S FIT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6933.

Dale White  
Regulatory Specialist II  
New Filing Section

Letter Number: 209A00006616

RECEIVED  
DEPARTMENT OF STATE  
09 MAR -5 PM 3:16

## 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:

The Queen's Fit Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

15515 MAYNARD AVE  
PORT CHARLOTTE, FL 33953

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Operate a business for profit, a retail center specializing in full size women's clothing.

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Chris A Cochran, Owner, 433 Granada Blvd. North Port, FL 34287

Yazid J Addi, Owner, 17751 8th way N St. Petersburg, FL 33716

### ARTICLE VI REGISTERED AGENT

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

Chris A. Cochran, 13501 Tamiami Trl North Port FL 34287

### ARTICLE VII INCORPORATOR


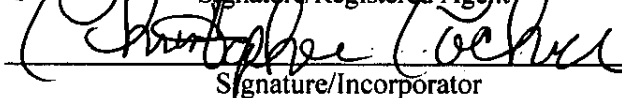
The name and address of the Incorporator is:

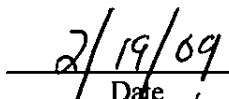
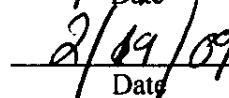
Chris A Cochran, Owner, 433 Granada Blvd. North Port, FL 34287

Yazid J Addi, Owner, 17751 8th way N St. Petersburg, FL 33716

\*\*\*\*\*

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

FILED

2009 MAR -5 A 11: 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA