## P090000022919

| (Requestor's Name)                      |                    |                                       |
|---|--------------------|---------------------------------------|
| (Address)                               |                    |                                       |
| (Ad                                     | ddress)            | · · · · · · · · · · · · · · · · · · · |
| (Cit                                    | ty/State/Zip/Phone | #)                                    |
| PICK-UP                                 | WAIT               | MAIL                                  |
| (Bu                                     | isiness Entity Nam | ne)                                   |
| (Document Number)                       |                    |                                       |
| Certified Copies                        | _ Certificates     | of Status                             |
| Special Instructions to Filing Officer: |                    |                                       |
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## **COVER LETTER**

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

| SUBJECT: BIC   | 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 & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |  |
| FROM: Antonio & Stakila Johnson<br>Name (Printed or typed) |  |  |  |  |
| Tallahassee, Fl 32310  City, State & Zip                   |  |  |  |  |
| (850) 5101-0433 01 51010-3403  Daytime Telephone number    |  |  |  |  |

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

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)   | FILED                                    |
|--|--|
| ARTICLE I NAME   | 09 MAR 12 PM 1:49                        |
| ARTICLE I NAME  The name of the corporation shall be: Bug Boi Clothing Ir  | SECRETARY OF STATE TALLAHASSEE, FLORIDA  |
| The principal street address and mailing address, if different is:  Mailing Address  Place of Busines  Tall Juddow (  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Refail, Authing | cleamarket<br>pital circle S.E.<br>32305 |
| ARTICLE IV SHARES The number of shares of stock is:   2  |  |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  |  |
| List name(s), address(es) and specific title(s):   |  |
| P) Antonio Johnson   |  |
| P) Shakila Johnson   |  |
| 2384 Cypress colle Dr<br>Tallahassee, Fl. 32310  |  |
| ARTICLE VI REGISTERED AGENT  |  |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the regi   | stered agent is:                         |
| Shakila Johnson  |  |
| 2386 Cypress case Or   |  |
| 23% Cypress cove Or<br>ICULITI 32310<br>ARTICLE VII INCORPORATOR   |  |
| The name and address of the Incorporator is:   |  |
| Antonio E Shakila Johnson  |  |
| Antonio é Shakila Johnson<br>2386 cypress cove Dr<br>IaIIFI 32310  |  |
| Tall Fl 32310  | *********                                |
| Having been named as registered agent to accept service of process for the above stated c certificate, I am familiar with and accept the appointment as registered agent and agree to a                            |  |
| Some tille de hans   | 3112 lm                                  |
| Signature/Registered Agent   | Date                                     |
| Evarild to have  | 2/12/09                                  |
| Signature/Incorporator   | Date                                     |

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