P09000046853

(Requestor's Name)

_____
(Address)

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(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

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(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

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

SUBJECT: _Passion 4 Fashion Inc._
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

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: _Pamela A - Burt_
Name (Printed or typed)

2204 Kettle drive
Address

Orlando FL 32835
City, State & Zip

_407. 399-4108_
Daytime Telephone number

Pburt @ CFL. RR. com
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I   NAME
The name of the corporation shall be:

Passion 4 Fashion Inc.

ARTICLE II   PRINCIPAL OFFICE
The principal **street** address and mailing address, if different is:

2204 Kettle dn. Orlando Florida 32835

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is:

Fashion Consulting

ARTICLE IV   SHARES
The number of shares of stock is: 100 Shares.

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):

Pamela A. Burt   Pres ; CEO ; SEC

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

Pamela A. Burt
2204 Kettle dr.
Orlando FL 32835

ARTICLE VII   INCORPORATOR
The **name and address** of the Incorporator is:

Pamela A. Burt
2204 Kettle Dr.
Orlando, Florida 32835

****

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

X Pamela A. Burt   X 5/27/09
_____   _____
Signature/Registered Agent   Date

Pamela A. Burt   ✓ 5/27/09
_____   _____
Signature/Incorporator   Date