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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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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: Daisy Girl, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	/ (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	OPY REQUIRED	
FROM:		Acton e (Printed or typed)		
		Maple St Address		
	Winter City,	Garden FL 34 State & Zip	787	
<u></u>	407 - 69 Daytime T	64-6065 Telephone number		
	E-mail address: (to be use	770512 Qembaram	nail i com	
	E-mail address! (to be use	d for future annual report	notification)	

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

ARTICLES OF INCORPORATION	e water
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit	PALLAHASSEE, FLORI
ARTICLE I NAME	To the second second
The name of the corporation shall be: DaisyGirl, Inc.	S. P.
	70 5
	(9) (9) (9) (9) (9) (9) (9) (9) (9) (9)
ARTICLE II PRINCIPAL OFFICE	<u> </u>
The principal street address and mailing address, if different is: 2	1602 S.E. 34th Way
	Sumterville, FL 33585
	mail:
ARTICLE III PURPOSE	P.O. Box 770512
The purpose for which the corporation is organized is:	Winter Garden, FL 34777
On line retail sales of womens clothing.	44///
Offile total saws or women's commit	
ARTICLE IV SHARES	
The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	ORS
List name(s), address(es) and specific title(s): Shari D.	Acton - C.E.O.
Todd Acto	on-secretary
1000	,
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	e) of the registered agent is:
- 1 A + to 0	
121 Se Manle Str	reet
Winter Garden, 1	EL 34787
The name and address of the Incompreter in	
The <u>name and address</u> of the Incorporator is: Shari D. Actor	
121 W. Maple St	
Winter Garden, FL 347	27
Winter Garden, FL 371	
Having been named as registered agent to accept service of pr	rocass for the above stated corneration at the
place designated in this certificate, I am familiar with and acc	
agree to act in this capacity	The state of the s
July Aton	<u> </u>
Signature/Registered Agent Todd Acton	Date
de Si	10-13-09
Signature/Incorporator	Date

Shari D Actor