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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

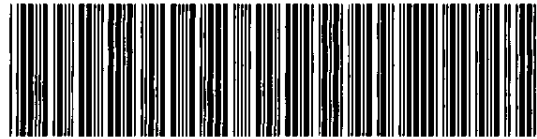
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11-13-09 *rh*

COVER LETTER

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

SUBJECT: The Chubbeez Slipper Company
(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: Joshua M. Gold
Name (Printed or typed)

11015 NW 49th Drive
Address

Coral Springs, FL 33076
City, State & Zip

401-864-4471
Daytime Telephone number

joshuamgold@gmail.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:

The Chubbeez Slipper Company

ARTICLE II PRINCIPAL OFFICE

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

11015 NW 49th Dr., Coral Springs, FL 33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Design, import, promotion and distribution of proprietary slippers and any other lawful purpose for which companies may be formed within the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 common shares of no par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

- 1. Joshua M. Gold, CEO, Treasurer & Director: 11015 NW 49th Dr. Coral Springs, FL 33076
- 2. Alessandra E. Gold, COO, Secretary: 11015 NW 49th Dr., Coral Springs, FL 33076

ARTICLE VI REGISTERED AGENT

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

Joshua M. Gold, 11015 NW 49th Dr., Coral Springs, FL 33076

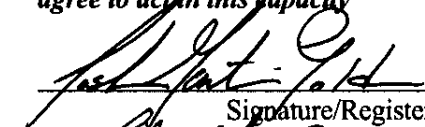
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

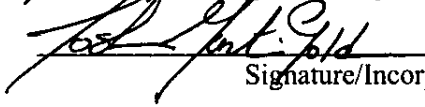
Joshua M. Gold, 11015 NW 49th Dr., Coral Springs, FL 33076

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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

11.9.2009

 Date

11.9.2009

 Date