

P10000095840

(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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Office Use Only



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2010 DEC -9 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 10 2010
W10-55880

Trefon Mackrides

1423 Lake Breeze Court, North Port, FL. 34291

E mail anconaf1@comcast.net / Ph. 941-426-1238

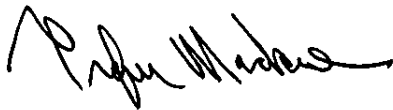
November 22, 2010

To Whom It May Concern,

I have no intention to reinstate International Apparel Inc.

I am releasing the name for immediate use.

Trefon Mackrides



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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____
(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: Trefon Mackrides
Name (Printed or typed)

1423 Lake Breeze Court
Address

North Port, Florida 34291
City, State & Zip

941-426-1238
Daytime Telephone number

~~Amconbase~~ Anconast@Comcast.net
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: International Apparel Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1423 Lake Breeze Court
North Port, FL. 34291

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Men's Apparel

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address:

Name and Title:

Address:

Trefon Mackrides
1423 Lake Breeze Court
North Port, FL. 34291

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name:

Address:

Trefon Mackrides
1423 Lake Breeze Court
North Port, FL. 34291

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Trefon Mackrides
1423 Lake Breeze Court
North Port, FL. 34291

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

Trefon Mackrides

Required Signature/Registered Agent

11-29-30

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Trefon Mackrides

Required Signature/Incorporator

11-29-30

Date

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TALLAHASSEE, FLORIDA