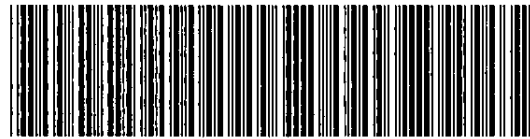


P11000013271



900192297329

(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

01/25/11--01026--001 \*\*78.75

RECEIVED  
FEB 4 2011  
11:43 AM

FILED  
FEB -4 PM 2:43

WTS 5143  
2/8/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 FEB -4 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 27, 2011

EILEEN CAMENZIND  
5586 LAKEWOOD CIRCLE N #G  
MARGATE, FL 33063

SUBJECT: EMPRESS COUTURE INC  
Ref. Number: W11000005143

We have received your document for EMPRESS COUTURE INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith  
Regulatory Specialist II  
New Filing Section

Letter Number: 911A00002297

## 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:** EILEEN CAMENZIND  
Name (Printed or typed)

5586 LAKEWOOD CIRLE N. #G  
Address

MARGATE, FLORIDA 33063  
City, State & Zip

954-615-7104  
Daytime Telephone number

empressscouture@aol.com  
E-mail address: (to be used for future annual report notification)

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

Eileen Camenzind  
5586 Lakewood Cir N  
apt G , Margate, FL 33063  
January 12 / 2011

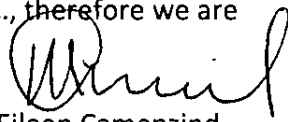
Department of State

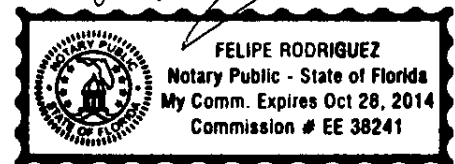
Re: Document # p08000111508

Dear sir or Madam,

I am writing in regards to entity name: Empress Couture Inc.

We have no intention of reinstating this entity name: Empress Couture Inc., therefore we are asking that you release the name for use to another entity.

  
Eileen Camenzind



PL C552-213-C3-788-0  
7-31-2007  
08-8-2013

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: **EMPRESS COUTURE INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**5586 LAKEWOOD CIRCLE N. #G**  
**MARGATE, FLORIDA 33063**

Mailing address, if different is:

**5586 LAKEWOOD CIRCLE N. #G**  
**MARGATE, FLORIDA 33063**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **1**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **P. EILEEN M CAMENZIND**  
Address: **5586 LAKEWOOD CIRCLE N. #G**  
**MARGATE, FL 33063**  
**US**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: **VP. ONEIL N KENNEDY**  
Address: **5586 LAKEWOOD CIRCLE N. #G**  
**MARGATE, FL 33063**  
**US**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: **V. JULIUS CAMENZIND**  
Address: **5586 LAKEWOOD CIRCLE N. #G**  
**MARGATE, FL 33063**  
**US**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

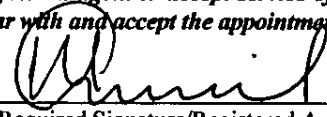
Name: **EILEEN M CAMENZIND**  
Address: **5586 LAKEWOOD CIRCLE N. #G**  
**MARGATE, FL 33063**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **EILEEN M CAMENZIND**  
Address: **5586 LAKEWOOD CIRCLE N. #G**  
**MARGATE, FL 33063**

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

  
Required Signature/Registered Agent

**01.18.2011**

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.

  
Required Signature/Incorporator

**01.18.2011**

Date