

P/1000020095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

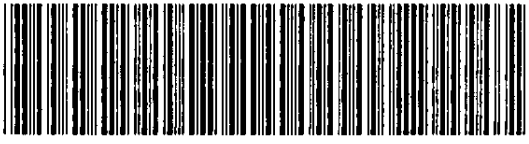
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11 FEB 28 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
3/2

111-9959

COVER LETTER

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

SUBJECT: ATTIRE ONLINE, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\*PLEASE RELEASE HOLD\*

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: MICHAEL SMITH  
Name (Printed or typed)

5334 CENTRAL FL PKWY  
Address

ORLANDO, FL 32821  
City, State & Zip

(407) 792-5458  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 18, 2011

MICHAEL SMITH  
5334 CENTRAL FL PKWY  
ORLANDO, FL 32821

SUBJECT: ATTIRE ONLINE, INC  
Ref. Number: W11000009959

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 FEB 28 PM 12:37

RECEIVED

We have received your document for ATTIRE ONLINE, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please make sure the information listed on the form is legible.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 111A00004254

ATTIRE ONLINE INC  
5334 CENTRAL FL PKWY  
ORLANDO FL 32821

To whom it may concern:

I am the owner of ATTIRE ONLINE INC, please release the hold as I do not wish to pay fees to reinstate as I never received notice of it expiring. I have already paid the fees to inc this name.

Thank you.

Sincerely,

  
Michael Smith/CEO

11 FEB 28 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

**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:

**ATTIRE ONLINE, INC**

**ARTICLE II PRINCIPAL OFFICE**

(RELEASE HOLD)

Principal street address  
**5334 CENTRAL FL PKWY**  
**ORLANDO, FL 32821**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**CLOTHING SALES**

**FILED**  
**11 FEB 28 AM 11:24**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is:

**11,000,000**

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

Name and Title: **MIKE SMITH**  
Address: **5334 CENTRAL FL PKWY**  
**ORLANDO, FL 32821**

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

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: **MIKE SMITH**  
Address: **5334 CENTRAL FL PKWY**  
**ORLANDO, FL 32821**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **MIKE SMITH**  
Address: **5334 CENTRAL FL PKWY**  
**ORLANDO, FL 32821**

*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*

*Mike Smith*

Required Signature/Registered Agent

**2/14/2011**

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.*

*Mike Smith*

Required Signature/Incorporator

**2/14/2011**

Date