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	(Re	equestor's Name)	. •
	· (Ac	ldress)	
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	(AC	ldress)	
	(Ci	ty/State/Zip/Phone	e #)
	PICK-UP	☐ WAIT	MAIL
	(Bu	ısiness Entity Nar	ne)
	(Do	ocument Number)	
Certified Co	pies	_ Certificates	s of Status
Special In	structions to	Filing Officer:	
Sam	balla	SUS D PHONE TO	
MUTHORIZ CORRECT DATE:	ATION BY	PHONE TO	PC
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Office Use Only



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SECRETARY OF STATE

MR)

COVER LETTER

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

Ma	¥	-		
SUBJECT: Nation wide Fa	IShion Jewelrye DPOSED CORPORA	SSESORIES COSTUM TE NAME – MUST INCI	e /Beauty supplied LUDE SUFFIX)	- //4C.
(
Enclosed are an original and one	(1) copy of the artic	cles of incorporation an	d a check for:	
\$70.00 \$78.75 Filing Fee & Certific	e cate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM: Samb	oalla m suso			
2319	N W 135 st	(Printed or typed) reet Address		
Miam	i Florida 331 City,	67 State & Zip		
786_3	356 3841 Daytime To	elephone number	<u> </u>	
Sams	suso@yahoo.d l address: (to be used	com I 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 Aloti	//// ion.wide Fashion	lewelny Assesorie	INC. s costume/Beauty supplies
The name of the c	orporation shall be:	ort/Export /Retail/	whole	o oodiailioiboaaty aupplica
ARTICLE II	PRINCIPAL OFFIC	Ĉ E		·
	Principal street a		aa i Ma	iling address, if different is:
	13010 N W 7th Ave	enue	2519	NW 135 Street
_			Mian	11 Florida 33/67
Ì	Miami Florida 3316	7		
ARTICLE III	PURPOSE			•.
	which the corporation is			
For any and	all lawful activities	s or business perm	nitted under the la	ws of the united states and the
state of Flori	da.	•	'	
		,		
		•		
ARTICLE IV	SHARES	,		
The number of sh	ares of stock is: 7.500 s	shares of commor	n stock, one dollar	(\$1.00) par value.
The named of sin	ines of stock is. Tyour			(• , p
ARTICLE V	INITIAL OFFICER	S AND/OR DIRECTO	<u>ors</u>	
Name and T	itle:Samballa m su	so /President/Direc	tor Name and Title:	
Address:	2319 N W 135	street	Address:	
			<u></u>	
	Miami Elorida 3	33167		
Name and T	Sitle: Combollo M ou	ioo /Tropouros	Name and Title	
Address:	ille:Samballa IVI.St	ISO / Lifeasurer	Address:	
Address.	2319 N.W. 135	ctroot		
		33167		
	MICHIEL TOTICE	20 107		
Name and T	itle: Sario Suso /S	ecretary	Name and Title:	
Address:	2319 N W 135	street	Address:	
	Miami Florida	33167		
ADMINI E TH	DECIGERDED AC	D' LFT		
	REGISTERED AG) of the maintened agent i	ers word
		O. Box NOT acceptable		s.
Name: Address:		35 street		
Addiess.		33167		Ari A
	IVII ATTILLE TULLUC	3 33107		25
ARTICLE VII	INCORPORATOR			SSE SSE
	dress of the Incorporato	r is:		mo 2 M
Name:	Samballa m s			THE TOTAL PROPERTY OF THE PARTY
Address:	2319 N W 13			STALL STALL
	Miami Florida			RID 36
Having been nan	ed as registered agent	to accept service of pro	cess for the above stated	l corporation at the place designated in
this certificate, I d	m familiar with and acc	cept the appointment as	registered agent and agi	ee to act in this capacity
				E-1- 04 0044
		Marine		Feb-21-2011
	Required Signa	ature/Registered Agent		Date
I submit this doc	ument and affirm that	the facts stated herein i	are true. I am aware th	at the false information submitted in a
		stitutes a third degree fel		
		111011)	•
		MUH	7	Feb-21-2011
	Required Sig	gnature/Incorporator	<u></u>	Date
	reduien als	2		~~~~