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PICK-UP WAIT MAIL				
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COVER LETTER

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

SUBJECT: NAMES Showers and MILYTORS, FAX. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
(PROPOSED CORPORA	FE NAME – <u>MUST INCI</u>	LUDE SUFFIX)				
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 & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status				
	ADDITIONAL C	OPY REQUIRED				
FROM: TERESA RUIZ-TORANZO						
Name	(Printed or typed)					
3523 25TH AVENUE S.W.						
	addiess	5 a ∈ C	2011 MAY -3	AND FORE A		
NAPLES, FL 34117 City, State & Zip						
239-293-9478	·					
Daytime Telephone number						
TERE2570@AOL.COM	for future appual report	notification)	2: 30			

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	NAPLES SHOW	ERS AND MIRRORS, INC.	
The name of the o	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
1111101111	Principal street address	Mailing address, if different is:	
	4277 EXCHANGE AVE	<u>3523 25TH AVEN</u>	NUE S.W
	UNIT 5	<u>NAPLES, FL 341</u>	17
	NAPLES, FL 34104	_	
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
MANUFACT	TURE AND DISTRIBUTION		
ARTICLE IV	SHARES pares of stock is: 100-\$5.00 VALUE		
The number of sh	nares of stock is: 100-\$3.00 VALUE		
	INITIAL OFFICERS AND/OR DIR		
	Title: TERESA RUIZ-TORANZO PRE		
Address:	3523 25TH AVENUE S.W.		
	NAPLES, FL 34117		
Name and	Title:	Name and Title:	
Address:		Address:	
Name and '	Title:	Name and Title:	
Address:		Address:	
	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acce	ptable) of the registered agent is:	
Name: Address:	TERESA RUIZ-TORANZO		
Address:	3523 25TH AVENUE S.W. NAPLES, FL 34117		¥~ 2
			
	INCORPORATOR		AN A TO
	ddress of the Incorporator is:		
Name:	TERESA RUIZ-TORANZO		選奨 む デ
Address:	3523 25TH AVENUE S.W. NAPLES, FL 34117		लंड - जी
	• • • • • • • • • • • • • • • • • • • •		The state of the s
	med as registered agent to accept service o		
this certificate, I	am familiar with and accept the appointme	ent as registered agent and agree to act	in this capacity :
	Who I	To a Print Train	•
	- Y // GET Y	TERESA Ruiz-Tovando	04/27/2011
(Required Signature/Registered A	gent	Date
	cument und affirm that the facts stated h		
	Department of State constitutes a third deg		
	My IM		04/27/2011
	V Ker /	Je / W	
(Required Signature/Incorporat	ror	Date
	TERESA TUIZ- TOR	uneo	