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COVER LETTER

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

SUBJECT: Vered Glaser Apparel,	Inc.	
(PROPOSED CORPORA	TE 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 CO	OPY REQUIRED
FROM: Vered Diamond	e (Printed or typed)	
17880 Key Vista Way	•	
	Address	
Boca Raton , FL 33496 City,	State & Zip	
561-558-4798 Daytime T	elephone number	
vereddiamond@yahoo.c E-mail address: (to be used	om d 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)

	PRINCIPAL OFFICE		
	Principal street address	Mailing	g address, if different is:
17	880 Key Vista Way		·
Bo	ca Raton, FL 33496		
_			
RTICLE III P	URPOSE		- 4
he purpose for wh	ich the corporation is organized is:		28. 3
Design of cloth	ning and swimwear for wholesale	sales	
•	_		The secondary
			no a m
DATA BATA	CUADEC		
ha number of shore	s of stock is:1000		The state of the s
ne number of share	S OI SLOCK IS, I OOO		音点 返
RTICLE V	NITIAL OFFICERS AND/OR DIRECT	ORS	P
	e:Vered Diamond , President		
Address:	17880 Key Vista Way		
	Boca Raton, FL 33496		
N		NI LONG	
Name and 11ti	e:		
Address:		Address:	
			
			
	e:		<u> </u>
Address:	Address:	<u> </u>	
			
	REGISTERED AGENT		
	da street address (P.O. Box NOT acceptable		
Name: Address:	Arnold Diamond		
Address:	301 Yamato Rd #1240		
	Boca Raton, FL 33431		
RTICLE VII	NCORPORATOR		
	ess of the Incorporator is:		
Name:	Vered Diamond		
Address:	17880 Key Vista Way		
	Boca Raton, FL 33496		
aving been named	as registered agent to accept service of pro	cest for the above stated col	rporation at the place designated
us cerujicaie, i am	familiar with ghd accept the appointment as	registerea agent ana agree to	o act in this capacity
			6/1/20
(1200		6/1/-01
	Required Signature/Registered Agent	1	Date
submit this docum	sont and affirm that the facts stated harding	are true I am aware that the	ha falsa information suhmittad i
	nent and affirm that the facts stated herein fartmen) of State constitutes a third degree fo		