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COVER LETTER

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

Tallahassee, FL 32314
SUBJECT: ROCHELL-E INC. (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 & Certificate of Status \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Rochell E. James Name (Printed or typed)
2301 W. Michigan Ave, Apt. #9 Pensacola, FL 32526
/ City, State & Zip
850-791-6213 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.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: Kochell E James Inc.	
Principal office Principal street address 600 South Barracks Street Suite 210-2 Pensacola, FL 32502 Pensacola, FL 32502)
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Fashion Stylist/Wardrobe Consulting business.	
ARTICLE IV SHARES The number of shares of stock is:	
Name and Title: Kochell & James CED Name and Title: Address: 600 South Barracks St. Address: Suite 210-2 Persacola, FL 32502	
Name and Title: Name and Title: Address: Address:	
Name and Title: Name and Title: Address: Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Address: Address: Address: ACCEPTAGE AGENT ACCEPTAGE ACCEPTAGE AGENT ACCEPTAGE AGENT ACCEPTAGE AGENT ACCEPTAGE ACCEPTAGE AGENT ACCEPTAGE ACCEPTAGE AGENT ACCEPTAGE AGENT ACCEPTAGE AGENT ACCEPTAGE	ASSESSED AS
ARTICLE VII INCORPORATOR	PROCESS OF THE PARTY OF THE PAR
Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Date	in
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature/Incorporator Watcome	<i>a</i>