## P11000095276

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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T. Burch NOV. 32919

## **COVER LETTER**

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

SUBJECT: Naykidd Truth, Inc		
(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	PY REQUIRED
FROM: Danielle Harding	e (Printed or typed)	<del>,,</del>
8604 NW 57TH PL		
TAMARAC, FL 33321	Address , State & Zip	
786-252-9423  Daytime 1	Telephone number	<del>.</del>
DANIHARD10@YAHOC	O.COM ed for future annual report	notification)
E-man address. (to be use	a for future aimual report	iiotiiioatioii)

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 II	PRINCIPAL OFFICE			
	Principal street address		Mailing address, if different is:	
<b>(</b>	3604 NW 57TH PL TAMARAC, FL 33321	<del>-</del>		_
		_		_
ARTICLE III			·	
	hich the corporation is organized is: n online market providing modern	fachion T	shirts to consumors for purchase	
TO Provide a	in online market providing modern	1 105111011 1-3	sinits to consumers for purchase.	 Z
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ARTICLE IV	SHARES			<u> </u>
The number of sha				F.
			a series insul	
Nome and T	INITIAL OFFICERS AND/OR DIRECT ITES INTO THE CONTROL OF THE CONTRO	TORS		2 2
Address:	8604 NW 57TH PL TAMARAC, FL.3	Name a	and Title:ss:	
riddross.		ZOOZI, Mudica		
		<del></del>		_
Name and T	March Allocate common pocon		- 3 TM.	
Address:	8604 NW 57TH PL TAMARAC FL	DENI Name a	and Title:	
Addiess.	0004 IVV 3/ IT EL TAWARAG EL	DOZI Addres	SS:	_
				_
	*		1.00	
Name and The Address:			and Title:	
Audiess.			s:	
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A DOTGE D III				
	REGISTERED AGENT  rida street address (P.O. Box NOT acceptal	hla) of the moist	tarad accent is:	
Name:	Danielle Harding		icica agent is.	
Address:	8604 NW 57TH PL TAMARAC F			
ADTICLE VII	INCORPORATOR			
	Iress of the Incorporator is:			
Name:	Danielle Harding			
Address:	8604 NW 57TH PL TAMARAC, FL	33321		
Hasina hoon nam	ed as registered agent to accept service of n	rocess for the	above stated corporation at the place designate	d in
	m familiar with and Accept the appointment (			
$G_{\downarrow}$		<i>~</i>		
Marie	Ml. Haelies		10/25/2011	
V CARRE	Required Signature/Registered Agen	t	Date	
				_
			m aware that the false information submitted	in a
ocument to the D	epartment of State constitutes a third degree	jeiony as provi	aea jor in 8.81 /.155, r.S.	
4-12	allo Attointe	1	40/05/0044	
1 1000	Required Signature/Incorporator			_
	PERMIER SINISTRICALITATION	,	Date	