

P110000101045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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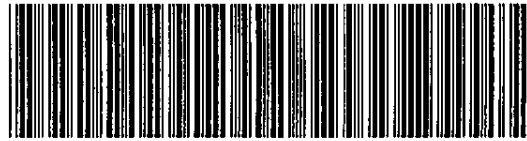
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRB 11/28

## COVER LETTER

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

SUBJECT: We Rock Shoes, 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  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Melissa Bermudez  
Name (Printed or typed)

2441 NASSAU DRIVE  
Address

MIRAMAR, FL 33023  
City, State & Zip

(954) 989-0754  
Daytime Telephone number

weRockShoes@yahoo.com  
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)

**ARTICLE I NAME**

The name of the corporation shall be: We Rock Shoes, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2441 NASSAU DRIVE  
MIRAMAR FL 33023

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To have a lawful business  
Selling shoes & accessories.

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**ARTICLE IV SHARES**

The number of shares of stock is: 100 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MOLISSA Bermudez  
Address: President : C.E.O  
2441 NASSAU DRIVE  
MIRAMAR, FL 33023

Name and Title: Veronica Vora  
Address: Vice President : C.E.O  
7601 Venetian Street  
MIRAMAR, FL 33023

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MOLISSA Bermudez  
Address: 2441 NASSAU DRIVE  
MIRAMAR, FL 33023

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MOLISSA Bermudez  
Address: 2441 NASSAU DRIVE  
MIRAMAR, FL 33023

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]

Required Signature Registered Agent

11/15/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]

Required Signature Incorporator

11/15/2011

Date