## P12000002623

(R	equestor's Name)			
(Address)				
(A				
(C	ity/State/Zip/Phone	<del>•</del> #)		
PICK-UP	<b>☑</b> WAIT	MAIL		
(Be	usiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	. Certificates	of Status		
Special Instructions to Filing Officer:				
		}		

Office Use Only



500215476205

01/10/12--01041--002 \*\*78.75

12 JAN TO FRIZ: 42 12

DEPARTMENT OF STATE

OLVISION OF CORPORATIONS SET

TALLAHASSEE, FLORIDA TALL

SECRETARY OF SIGN

RECEIVED

nRD/12

## **COVER LETTER**

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

SUBJECT:			CLOTHING			
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
Enclosed are an or	riginal and one (1) c	opy of the	articles of incorporation and a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fce & Certificate of	of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: _	OM: Jun V. Lusan.  Name (Printed or typed)					
121 N. Monre Street Ap						
City, State & Zip						
	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)

ARTICLE I	NAME	,26. Copp	
The name of the con	rporation shall be: EN OU CLOTH	,56. 00.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	_	Mailing address, if different is:
	2005 KAREN ROAD.	121 · K	1. Monrie smoot Apropos.
-	Tollamer CL 32309		Appres CL 32301.
_			
ARTICLE III	<del></del>		
The purpose for wh	hich the corporation is organized is:		- C -
Caldana	Manufachone.		Eig 7
COMMISS	· ,———		
			T
			500
ARTICLE IV	SHARES		ကြိုင္ 🛣 🛂
	es of stock is: \s, \sigma.		
	,		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS	之间 5 A E A
Name and Ti	tle: Jugo Wyan. CFO	Name and Title	
Address:	121 N. MONZOE STROOT. ART9	Address:	2005 KAREW ROAD.
	Tollowness Cr 31301	_ <b>_</b>	Tallamane fr 32704.
Nt 2 700	Al	Managand Title	
Address:	tle:	Name and Title	
Address:		Audiess.	<u> </u>
		<del></del>	
Name and Ti	tle:	Name and Title	e:
Address:		Address:	
	·		
		_ <del></del>	
	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable)	of the registered age	ent is:
Name:	Juan Wan.		
Address:	121. N. Moure Street ACT	<u>√</u> 53-7.	
	Tallonpressee , fr 32301	<del></del>	
ARTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	way was		
Address:	121. N. MONDE great APT 9	<u></u>	
	Thellauresea, G 31301		
		_ <del>_</del>	
	ed as registered agent to accept service of proce		
this certificate, Fan	n familiar with and accept the appointment as re	egistered agent and	agree to act in this capacity
	×		01-10-12
	Required Signature/Registered Agent		Date
		_	
	ment and affirm that the facts stated herein a		
document to the De	epartment of State constitutes a third degree felo	ony as provided for	in s.817.155, F.S.
X	\		
			01-10-12.
	Required Signature/Incorporator		Date