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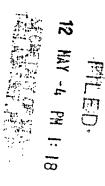
(Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

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

SUBJECT: Kisque Fashions, Incol	rporated
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Ruth Anderson	(Printed or typed)
11601 4th Street North A	pt 2506 address
Saint Petersburg, Florid	a 33716 State & Zip
727-290-5003 Daytime Te	elephone number
<u>risquefashions@yahoo.c</u> E-mail address: (to be used	om 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	Risque Fashions, Incor	porated 所LED·
ARTICLE II	PRINCIPAL OFFICE	19 MAY -1, PM 1. 1
	Principal street address	Mailing address, if different is: PM 1: 1
	11601 4th Street North Apt 2506 Saint Petersburg, Florida 33716	Activities of the state of
	Saint is eleispuity, is folida 337 10	Franklik Stein, Mr. Opt.
ARTICLE III	PURPOSE	
	which the corporation is organized is:	
	lawful business.	
		,
ARTICLE IV		
The number of si	hares of stock is:100	
	INITIAL OFFICERS AND/OR DIRECTOR	
	Title: Ruth Anderson, President	Name and Title:
Address:	11601 4th Street North Apt 2506	
	Saint Petersburg, Florida 33716	
Name and	Title: Britney Anderson, Secretary	Name and Title:
Address:	111 SW Madison Circle North Apt 30	
	Saint Petersburg, Florida 33703	
Name and	Title:	Name and Title:
Address:		Address:
ARTICLE VI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Ruth Anderson	_
Address:	11601 4th Street North Apt 2506 Saint Petersburg, Florida 33716	-
	Sam Petersourg, Florida 337 to	-
ARTICLE VII	· · · · · · · · · · · · · · · · · · ·	
	ddress of the Incorporator is:	•
Name: Address:	Ruth Anderson	_
Addicss.	11601 4th Street North Apt 2506 Saint Petersburg, Florida 33716	- -
Having Been na	med as registered agent to accept service of proces	s for the above stated corporation at the place designated
	am familiar with and accept the appointment as reg	
11/11/	N a choose	5-1-201
AMO.	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in
. I I /	Department of State constitutes a intra degree felon	y us provided for iti s.o.t 7.155, F.S.
NHU	I VI CAN V	5-1-20/2
	Required Signature/Incorporator	Date