

P12000046187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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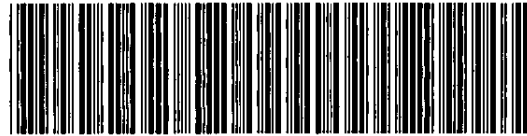
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/03/12--01027--007 **78.75

W12-24884

FILED

12 MAY 16 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FL 32302

T. Burch MAY 17 2012

COVER LETTER

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

SUBJECT: MaleShapeWear, 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: D. Medina

Name (Printed or typed)

1172 S DIXIE HWY. #155

Address

Miami, FL 33146

City, State & Zip

786-564-8383

Daytime Telephone number

Info@MaleShapeWear.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



RECEIVED
12 MAY 16 AM 11:07
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2012

D. MEDINA
1172 S DIXIE HWY #155
MIAMI, FL 33146

SUBJECT: MALESHAPEWEAR
Ref. Number: W12000024884

We have received your document for MALESHAPEWEAR and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 112A00013514

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: MaleShapeWear, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1172 S DIXIE HWY. #155
Miami, FL 33155

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Textile Distributor

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: D. Medina, President
Address: 1172 S DIXIE HWY. #155
Miami, FL 33155

Name and Title: _____
Address: _____

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: D. MEDINA
Address: 1172 S DIXIE HWY. #155
MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: D. MEDINA
Address: 1172 S DIXIE HWY. #155
MIAMI, FL 33155

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] / D. MEDINA 04/27/12
Required Signature/Registered Agent 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] / D. MEDINA 04/27/12
Required Signature/Incorporator Date

FILED
12 MAY 16 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA