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2012 JUN 22 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUN 25 2012

COVER LETTER

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

SUBJECT: SHA'S ACTIVE WEAR AND PRODUCTS 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: SHARON BLAKE
Name (Printed or typed)

736 NW 89th AVENUE
Address

PLANTATION, FLORIDA 33324
City, State & Zip

954-815-4792
Daytime Telephone number

sherry_334@hotmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

SHA'S ACTIVE WEAR AND PRODUCTS INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
736 NW 89th AVENUE
PLANTATION, FLORIDA 33324

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To sell Create, design ,manufacture,market and distribute adult sporting products and active and dance wear,and all products appurtenant thereto Nationally and Internationally. To maintain facilities Nationally and Internationally to accomplish these objectives.

ARTICLE IV SHARES

The number of shares of stock is:1000 @ 50 CENTS PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharon Blake/President
Address: 736 NW 89th Avenue
Plantation, Florida 33324

Name and Title: _____
Address: _____

Name and Title: RAPHAEL BROWN/SECRETARY/TREASURER
Address: 736 NW 89th Avenue
Plantation Florida 33324

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: Sharon Blake
Address: 736 NW 89th Avenue
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: George L Moxon Esq
Address: 5630 Harding Street
Hollywood, Florida 33021

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

S. Blake
Required Signature/Registered Agent

6/19/12
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.

George L Moxon
Required Signature/Incorporator

6/19/12
Date

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TALLAHASSEE, FLORIDA