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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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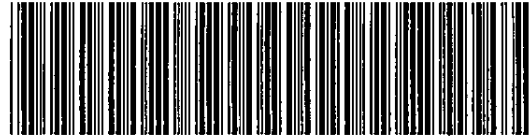
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. Shivers AUG 27 2012

W12-24077  
691

## COVER LETTER

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

SUBJECT: Certified Apparel, 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: Wenda Alexandre  
Name (Printed or typed)

850 NW 155th #204  
Address

Miami, Florida 33169  
City, State & Zip

305-766-0764  
Daytime Telephone number

wenda.alexandre@everest.edu  
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:

Certified Apparel, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

850 NW 155 In #204  
Miami FL 33169

Mailing address, if different is:

850 NW 155 In #204  
Miami, FL 33169

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To do business in fashion  
solely in the state of Florida

**ARTICLE IV SHARES**

The number of shares of stock is:

(1)

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

Name and Title: Wenda Alexandre / owner  
Address: 850 NW 155 In #204  
Miami FL 33169

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

Name and Title: Wenda Alexandre / secretary  
Address: 850 NW 155 In #204  
Miami FL 33169

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

Name and Title: Wenda Alexandre / Treasurer  
Address: 850 NW 155 In #204  
Miami FL 33169

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: Wenda Alexandre  
Address: 850 NW 155 In #204  
Miami, FL 33169

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Wenda Alexandre  
Address: 850 NW 155 In #204  
Miami, FL 33169

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

Wenda Alexandre

Required Signature/Registered Agent

8-21-12

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.

Wenda Alexandre

Required Signature/Incorporator

8-21-12

Date

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