

P120000097288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

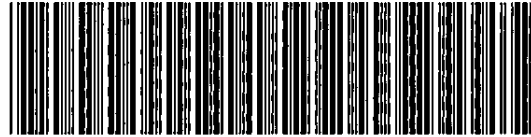
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W12-53201

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: CASSI 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: HYLTON G. OLIPHANT
Name (Printed or typed)
6097 RORMAN ST.
Address
HOLLYWOOD, FL 33023
City, State & Zip
754-244-3387
Daytime Telephone number
HOOLIPHANT46@comcast.net
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2012

HY;LTON G. OLIPHANT
6097 ROMAN ST
HOLLYWOOD, FL 33023

SUBJECT: CASSI INC.
Ref. Number: W12000053201

We have received your document for CASSI INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 512A00025583

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: CASSI FASHIONS INC.

EFFECTIVE DATE:
JAN. 1. 2013

ARTICLE II PRINCIPAL OFFICE

Principal street address
6097 RODMAN ST.
HOLLYWOOD, FL 33023

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DISTRIBUTION AND SALES OF CLOTHING.

ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HYLTON G. OLIPHANT PRES.
Address: 6097 RODMAN ST.
HOLLYWOOD, FL 33023

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: FRANK A. WILSON
Address: 3090 PALM AVE. #7
HALEAH FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HYLTON G. OLIPHANT
Address: 6097 RODMAN ST.
HOLLYWOOD FL 33023
BY HYLTON G. OLIPHANT

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

Frank A. Wilson

Required Signature/Registered Agent

10-06-12

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.

Hylton G. Oliphant

Required Signature/Incorporator

10-05-12

Date

HYLTON G. OLIPHANT

EFFECTIVE DATE:

JAN. 1. 2013

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA