P13000006360

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT M	AIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status _				
Special Instructions to Filing Officer:				

Office Use Only

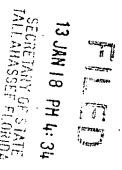


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COVER LETTER

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

SUBJECT: POS	SH & Co.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	DPY REQUIRED
FROM: R	oshelle Marie Sa Name	agarra e (Printed or typed)	
45	551 NW 70th Ave	e	
		Address	
La	auderhill, Florida	33319	
	City,	State & Zip	
9	54-292-5646		
	Daytime T	elephone number	
rm	ns09@my.fsu.edu		
	E-mail address: (to be use	d 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 corporat	ion shall be: POSH and Cor	npany,1	NC.
	NCIPAL OFFICE	,	(4-1):
235 S. Ocala F	Principal <u>street</u> address Rd.		Mailing address, if different is: NW 70th Ave.
#5303			erhill, FL 33319
Tallahassee, F		4	
ARTICLE III PURI	POSE Consulti	na market	ting and public relactions
The purpose for which the	POSE ne corporation is organized is:		ing and public relasitions
			TSE 3
7727127-10-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-			
			358
		<u>,</u>	
			027 22
	· · · · · · · · · · · · · · · · · · ·		**
	rial officers and/or directors Roshelle M. Sagarra, Pres.	5	Janice Cruz, Sec
	4551 NW 70th Ave.	Address:	4551 NW. 70th Ave.
Address	Lauderhill, FL 33319	Address:	Lauderhill, FL 33319
Name and Title:	Joe Sagarra, Sec.	Name and Title	
Address	4551 NW 70th Ave.	Address:	
	Lauderhill, FL 33319		
Name and Title:		Name and Title	:
Address			

Name an		Name and Title:_ Address:	13 JAN 18 PM 4: 34
Address		Address: _	SECRETART OF STATE TALLAHASSEE FLORIDA
		_	
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of t	he registered ager	nt is:
Name:	Roshelle M. Sagarra	ine regioneres ager	
Address:	235 S. Ocala Rd #530	3	
	Tallahassee, FL 32304		,
ARTICLE VII	INCORPORATOR		
The name and a	Idress of the Incorporator is:		
Name:	Roshelle M. Sagarra		
Address:	Roshelle M. Sagarra 235. S. Ocala Rd. #53	03	
	Tallahassee, KL 32304		
	ned as registered agent to accept service of process f am familiar with and accept the appointment as regis		
12-6	Required Signature/Registered Agent		01/18/13
			Date
I submit this doc document to the	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	ue. I am aware t as provided for it	hat the faise information submitted in a 1 s.817.155, F.S.
R	alus.		01/18/2013
	Required Signature/Incorporator		Date