

P130000183 10

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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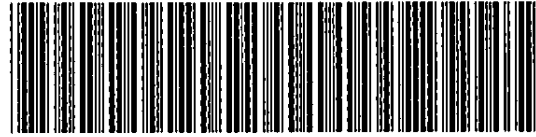
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 25 PM 1:38

## COVER LETTER

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

SUBJECT: Gun Girls 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: Susan Kushlin  
Name (Printed or typed)

10582 Stonebridge Blvd  
Address

Boca Raton FL 33498  
City, State & Zip

561 213 7898  
Daytime Telephone number

susankushlin@aol.com  
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)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Gun Girls, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10582 Stonebridge Blvd  
Boca Raton FL 33498

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to design & sell fashion jewelry  
& accessories & clothing & luggage

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Susan Kushlin - President Name and Title:

Address 10582 Stonebridge Blvd Address:  
Boca Raton FL 33498

Assistant Vice President

Name and Title: Marga Markowitz Name and Title:

Address 10582 Stonebridge Blvd Address:  
Boca Raton FL 33498

Assistant Director

Name and Title: James K. Markowitz Name and Title:

Address 10582 Stonebridge Blvd Address:  
Boca Raton FL 33498

(cont.)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: 13 FEB 25 PM 1:38  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Susan Kushlin  
Address: 10582 Stonebridge Blvd  
Boke Rata FL 33498

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Susan Kushlin  
Address: 10582 Stonebridge Blvd  
Boke Rata FL 33498

*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*

\_\_\_\_\_  
Required Signature/Registered Agent 2-22-13  
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.*

\_\_\_\_\_  
Required Signature/Incorporator 2-22-13  
Date

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susan.kushlin@gmail.com  
E-mail address: (to be used for future annual report notification)

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