## P13000064978

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

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## **COVER LETTER**

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

SUBJECT: ATYO DESIGNS CORPORATE NAME - MUST INCLUDE SUFFIX)				
,	/ (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original	inal and one (1) copy of the art	icles of incorporation an	d a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	OPY REQUIRED	
FROM: Daelys Arogo Name (Printed or typed)  6127 Bartam Village DR. Address				
Jacksmville, Fl 32250 City, State & Zip				
	904 315 - 040 Daytime T	1 0 elephone number		
	(a e lysmae'ıe D g E-mail address: (to be use		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 The name of the	NAME corporation shall be:	Designs (orp.	A C C 2
ARTICLE II	PRINCIPAL OFFICE  Principal street address		ng address, if different is: 2
6127	Burtram Villance	_	O as orne Full
	VIIIU, FI 3225B	addie	וניסון עניסון איניסון
			RIDA
ARTICLE III	<u>PURPOSE</u>	70 00000	dance quants
and	which the corporation is organized is	: To organize	Quille Chertis
<u>cerjo</u>	WERSHOPS TOR	dance frings	programs
ساس		as well as	ropresent
alince	finess Clothin	ns lines.	
		<i>,</i>	
	aw i na		
The number of sl	SHARES hares of stock is:		
	,		
ARTICLE V	INITIAL OFFICERS AND/OR	$\mathcal{L}$	
Name a	and Title: MICLYS HOLDY C	Name and Title:	
Addres	s (012) Bactram	VIII Address:	
	Jucksmylle, 71	<i>3225</i> 9	
	<del></del>	- 0	
		<del></del>	
Name ar	nd Title:	Name and Title:	
Addres	ss	Address:	
		<del></del>	
Name a	nd Title:	Name and Title:	
Addres	ss	Address:	<del> </del>

Name and Title:	Name and Title: W/f
Address	Address:
ARTICLE VI REGISTERED AGENT	AUG -
The name and Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name: Cristina ) and I law off ce Address: 250 SW 311 Avenue S	s of Cristina Laxon
	P 303
Mam, 71 33129	_
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Law of the of (MISDING Address: 2250 SW 3d Avenue	a lopo, PA
	_Ste 303
Migni 71 33129	_
Having been named as registered agent to accept service of proceed this certificate, I am familiar with and accept the appointment as re-	
(wha m	07/31/2013
Required Signature/Registered Agent	' Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felo	
Required Signature/Incorporator	> 7/31/2013 Date
required digital of medipolator	(Daily