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SECRETARY OF STATE
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## **COVER LETTER**

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

SUBJECT: R S Uniform & Accessories, Inc.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	ginal and one (1) copy of the art		_		
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:	imara Aviles	(Dried Land			
<u>6</u>	520 W Hanna Av				
		Address			

Tampa, FL 33634

avhimara@gmail.com

813-802-5807

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

E-mail address: (to be used for future annual report notification)

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

		cessories, Inc.
	CIPAL OFFICE	1. S.
	Principal street address	Mailing address, if different is:
6520 W Hanna Ave.		P.O. Box 151212
Tampa, FL 33	634	Tampa, FL 33684 📆 🖫
•		
he purpose for which the	<u>YOSE</u> le corporation is organized is:	sale of uniforms to the following: Nurs
Police, Securit		
	<u>,,</u>	
The number of shares of shares	<u>RES</u> 25 000	
he number of shares of s	tock is:	
	A LOGICE AND/OR DIRECTOR	
Name and Title	Aimara Aviles - Presiden	Name and Title:
Address	6520 W Hanna Ave	Address:
	Tampa FI 33634	
	Tampa, FL 33634	
	Tampa, FL 33634	
	Tampa, FL 33634	
Name and Title:		Name and Title:
		Name and Title:
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Name and	Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of Aimara Aviles 6520 W Hanna Ave. Tampa, FL 33634	of the registered agent is:	13 SEP -9 PH 2: 35 SECRETARY OF STATE ALLAHASSEE, FLORIDA
ARTICLE VII	INCORPORATOR  Iress of the Incorporator is:		
Name:	Aimara Aviles		
Address:	6520 W Hanna Ave.	_	
	Tampa, FL 33634	_	
this certificate, I a	ed as registered agent to accept service of proces m familiar with and accept the appointment as re		
×	Required Signature/Registered Agent	<del></del>	Date
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felo		information submitted in a
,	e Chifol		9/5/2013
	Required Signature/Incorporator	<del></del>	Date