P1300075342

(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:				

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE FINALE

1112 48989 000 9/2

COVER LETTER

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

SUBJECT:	CITE TA	• •	
	(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	l a check for:
2	, () 10	· ·	
\$70.00	□ \$78.75	\$78.75	81 \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
	·		& Certificate o
		. Drymyovi co	Status
		ADDITIONAL CO	PY REQUIRED
:	•		•
FROM:	Nina Cla	veria	
1 KOM	Name	e (Printed or typed)	
	280 S. OCU	on Blid #	269
		Address	
	Delray Black City,	+1, 3348	3
	U City,	State & Zip	_
	(305) 216- Daytime 7	1419	
	Daytime 7	Telephone number	
		@ me. Ci	
-	E-mail address: (to be use	d for future annual report	notification)

CHIC INC.

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



September 4, 2013

NINA CLAVERIA 250 S. OCEAN BLVD., #269 DELRAY BEACH, FL 33483

SUBJECT: CHIC INC.

Ref. Number: W13000048989

We have received your document for CHIC INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Remove the percentage (%) sign from this section. List the total number authorized only.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 113A00020873

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

The name of the corporation	shall be: CHIC I	WC.	
Pri	PAL OFFICE Incipal street address IS CIPCLE IN FL. 33020	250 S,	dress, if different is: Oclan Bhol #269 Blach, Fl. 33483
ARTICLE III PURPOS The purpose for which the c	SE orporation is organized is:	Retail Appa Jewelry and	113 SEP 12 PH 3: 03 CARE AND OF STATE ANASSEE, FLORIDA
ARTICLE IV SHARE The number of shares of stoc ARTICLE V INITIA Name and Title: Address	LOFFICERS AND/OR DIRECT	rors President Name and Title: Address:	
		Address:	•
		Name and Title: Address:	

Name and Title:	Name and Title:			
Address	Address:			
<u> </u>				
	ALLO S			
	HE P			
	SS 2 1			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name: Dina Claveria	1.0FA			
Address: 250 S. Oclan Blod	#269			
Delray Beach, F1. 3				
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is: Name: Name:				
Address: 250 S. OCLOM P	Slnd #269			
Name: Nina Claveria Address: 250 S. Octom P Delray beach	t1. 33483			
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 reg				
Mua Claneria	8-26-13			
Required Signature/Registered Agent 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.				
Alua Claneri	a 8-26-13			
Required Signature/Incorporator	Date			