Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Mister Formal & A&L Menswear Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$70.00

RECEIVED 14 MAR 13 PM 5:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA

03/14/14

FILED 14 MAR 13 AM 11:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

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

ARTICLE I NAME
The name of the corporation shall be: Mister Formal & A&L Menswear Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3725 NE 169th Street Apt 209
North Miami Beach, FL 33160

Mailing address, if different is:
3725 NE 169th Street Apt 209
North Miami Beach, FL 33160

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angela Leone/Director
Address 3725 NE 169th Street Apt 209
North Miami Beach, FL 33160

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: Angela Leone

Address: 3725 NE 169th Street Apt 209

North Miami Beach, FL 33160

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angela Leone

Address: 3725 NE 169th Street Apt 209

North Miami Beach, FL 33160

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

(X) Angela Leone
Required Signature/Registered Agent

3-13-2014
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.

(X) Angela Leone
Required Signature/Incorporator

3-13-2014
Date