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Special Instructions to Filing Officer:					

Office Use Only

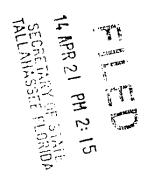
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APR 22 2014

J. Birrie

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 THE SECOND PROPERTY OF THE PARTY OF THE PART

SUBJECT: Z	Nicole Clothing	+ Fashions Inc	-
	(PROPOSED CORPORA	ATE NAMË – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	i a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Nicole Gre Nam 1421 NW 45 +1		
	Ромрано Веал Сіту 954-254-3	Lh Fl 3 3069 State & Zip	<u>, </u>

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

Daytime Telephone number

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

00/00 70



ATTN: Joey Bryant we spoke on TATE 4/21/14

THE PROPERTY.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2014

NICOLE GREENE 1421 NW 45TH STREET #2 POMPANO BEACH, FL 33064

SUBJECT: Z NICOLE CLOTHING & FASHIONS

Ref. Number: W14000018889

We have received your document for Z NICOLE CLOTHING & FASHIONS and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 114A00006378

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter (21, F.S. (Profit)

	NCIPAL OFFICE Principal street address	Ν	lailing address, if dit	ferent is:
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rpania B	each, Fl 33064			
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CLE III PUR	POSE the corporation is organized is:	hink + Fr	chion	
pose for which	ne corporation is organized is.	······································	137001	
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er of shares of	stock is: 100		·	
nber of shares of	TIAL OFFICERS AND/OR DIRECTORS			
Name and Titl	stock is: /OU TIAL OFFICERS AND/OR DIRECTORS	Name and Title:		
ber of shares of LE V INT Name and Titl Address	rial officers and/or directors Nicole Greene & Pres Mal NW 45th st #2 Pompano Beach, Fl 3306	Name and Title: Address:		
ber of shares of LE V INT Name and Titl Address	TIAL OFFICERS AND/OR DIRECTORS	Name and Title: Address:		
ber of shares of LE V INT Name and Titl Address	rial officers and/or directors Nicole Greene & Pres Mal NW 45th st #2 Pompano Beach, Fl 3306	Name and Title: Address: Address: Name and Title:		
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the v INT Name and Title Address Name and Title Address	FLAL OFFICERS AND/OR DIRECTORS Nicole Greene & Pres 1921 NW 45th st #2 Pompano Beach, Fl 3306	Name and Title: Address: Name and Title: Address:		
ber of shares of LE V INT Name and Title Address Name and Title Address	rial officers and/or directors Nicole Greene 2 Pres 1921 NW 45th st #2 Pompano Beach, Fl 3306	Name and Title: Address: Name and Title: Address:		

Name and Title: Nicole Greene Pres Name and Title:	
Address 1421 NW 45 th Street # 2 Address:	
Pompono Beach, F1 33064	\$0, F
	785 A
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registe ed agent is:	95
Name: Nicole Greene	
Address: 1421 NW 45th street #2	
Dompano Beach, Fl 3 3064	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Nicole Greene	
Address: 1421 NW 45th Street #2	
Pompano Bead, Fl 33064	
Having been named as registered agent to accept service of process for the above stated corpor this certificate, I am familiar with and accept the appointment as registered agent and agree to a	
Vicale House	
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are true. I am aware that the facts stated herein are true. I am aware that the facts stated to the Department of State constitutes a third degree felony as proviaed for in s.817.13	
Weson Magaza	
Required Signature/Incorporator	Date