## 714000052391

(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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## **COVER LETTER**

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

SUBJECT:		CESSORIES	JUC.
	(PROPOSED CORPORA	TE NAME - MUST INCL	<u>UDE SUFFIX</u> )
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
■ \$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  PY REQUIRED
FROM: A	NDREA NAVAR	RO e (Printed or typed)	
		• • •	
37	'10 COLLINS A\	/E, #110	
		Address	
M	IAMI BEACH, FL	_ 33140	

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

City, State & Zip

Daytime Telephone number

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

ANDREANAVARRO@ME.COM

954-608-6338

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

TICLE II PRI	NCIPAL OFFICE			
40.001.11	Principal street address	N	Mailing address, if different is:	
	S AVE #110			
AMI BEAC	H, FL 33140		<del></del>	
•				
TICLE III PUR purpose for which	the corporation is organized is:	R WEAR A	ACCESSORY	
			1	
		<u> </u>		
TICLE IV SH.	ARES 100			
TICLE IV SH.	ARES 100 f stock is:			
number of shares of	ARES f stock is: 100			14 A
number of shares of	f stock is:			14 APR
number of shares of received the received th	f stock is:	Name and Title:		14 APR - 7
number of shares of	TSLOCK IS: 100 TIAL OFFICERS AND/OR DIRECTORS e: ANDREA NAVARRO, PRES 3710 COLLINS AVE			+7
number of shares of received the received th	TIAL OFFICERS AND/OR DIRECTORS e: ANDREA NAVARRO, PRES	Name and Title:		<del>+</del> 7
number of shares of FICLE V INI  Name and Titl  Address	TIAL OFFICERS AND/OR DIRECTORS e: ANDREA NAVARRO, PRES 3710 COLLINS AVE UNIT 110	Name and Title: Address:		7 AM II: 44
number of shares of FICLE V INI  Name and Titl  Address	TIAL OFFICERS AND/OR DIRECTORS e: ANDREA NAVARRO, PRES 3710 COLLINS AVE UNIT 110 MIAMI BEACH, FL 33140	Name and Title: Address:  Name and Title:		7 AM II: 44
number of shares of  TICLE V INI  Name and Titl  Address  Name and Title	TIAL OFFICERS AND/OR DIRECTORS e: ANDREA NAVARRO, PRES 3710 COLLINS AVE UNIT 110 MIAMI BEACH, FL 33140	Name and Title: Address:  Name and Title:		7 AM II: 44
number of shares of  TICLE V INI  Name and Titl  Address  Name and Title	TIAL OFFICERS AND/OR DIRECTORS e: ANDREA NAVARRO, PRES 3710 COLLINS AVE UNIT 110 MIAMI BEACH, FL 33140	Name and Title: Address:  Name and Title:		7 AM II: 44
Name and Title  Name and Title  Address	TIAL OFFICERS AND/OR DIRECTORS e: ANDREA NAVARRO, PRES 3710 COLLINS AVE UNIT 110 MIAMI BEACH, FL 33140	Name and Title: Address:  Name and Title: Address:		7 AMII: 44
Name and Title  Name and Title  Address	TIAL OFFICERS AND/OR DIRECTORS e: ANDREA NAVARRO, PRES 3710 COLLINS AVE UNIT 110 MIAMI BEACH, FL 33140	Name and Title: Address:  Name and Title: Address:		7 AM II: 44

Name and Ti	tle: ANDREA NAVARRO, PRES	Name and Title:
Address	3710 COLLINS AVE	Address:
	#110	
	MIAMI BEACH, FL 33140	<del> </del>
ARTICLE VI R	EGISTERED AGENT	
The name and Florid	la street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	ANDREA NAVARRO, PRES	_
Address:	3710 COLLINS AVE, #110	_
<u>.</u>	MIAMI BEACH, FL 33140	_
	NCORPORATOR	NVISION 14 APR
i he <u>name and addre</u>	ess of the Incorporator is:	
Name:	ANDREA NAVARRO, PRES	
Address:	3710 COLLINS AVE, #110	
	MIAMI BEACH, FL 33140	
this certificate, I am	Required Signature/Registered Agent	true. I am aware that the false information submitted in a