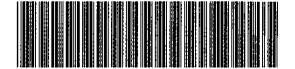
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER,

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

SUBJECT: MEMBER'Z ONLY, INC.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an or	riginal and one (1) copy of the arti	icles of incorporation and	l a check for:	
■ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	PARMER B HOLII			
2	20851 NW 28 AVE	<u> </u>		
		Address		
Į,	MIAMI GARDENS			
3	305 610 2218	State & Zip		
	Daytime T	elephone number		
<u>r</u>	parmerholiday@gmai E-mail address: (to be use	l.com d for future annual report	notification)	
٠,		·		

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

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

The name of the corpora	tion shall be: MEMBER'Z ONLY	, INC.	
	NCIPAL OFFICE Principal street address		ess, if different is:
MIAMI GARD	ENS FL 33056		
			·
ARTICLE III PUR The purpose for which t AND RECORI	POSE he corporation is organized is: CLOTH DING.	ING, RECORD P	RODUCING
			-7 (·) -
			TIECHT FR
		<u>S</u>	SEEF FLORIDA FEY OF STATE I'L MA 1: 12
Name and Title Address	20051 NI W 20 AVE	Name and Title:Address:	
	MIAMI GARDENS, FL 33056	Address.	
Name and Title:		Name and Title:	
、Address		Address:	
Address		Address:	

Name and	d Title:	Name and Title:
Address		Address:
Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of PARMER B HOLIDAY 20851 NW 28 AVE	`the registered agent is:
Address: ARTICLE VII	MIAMI GARDENS, FL 33056 INCORPORATOR	FIL % OPETALY % CONTINUES AND A PRINCE AND A
The name and ad	Idress of the Incorporator is:	
Name:	PARMER B HOLIDAY	
Address:	20851 NW 28 AVE	5
, 144, 635,	MIAMI GARDENS, FL 33056	
	ned as registered agent to accept service of process um familiar with and accept the appointment as regi	for the above stated corporation at the place designated in istered agent and agree to act in this capacity 04/11/2014
	Required Signature/Registered Agent	Date
	ument and affirm that the fucts stated herein are to Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
	Required Signature Incorporator	04/11/2014 Date