

P140000066A82

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

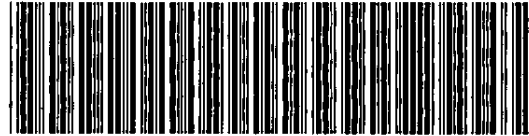
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/06/14--01010--009 **70.00

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14 AUG 456 AM 7:21
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COVER LETTER

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

SUBJECT: Accessories 4 You, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Roy Buhadana

Name (Printed or typed)

20533 Biscayne Boulevard, Suite 305

Address

Aventura, FL 33180

City, State & Zip

786-916-9091

Daytime Telephone number

info@accessories4you.net

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

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)

ARTICLE I NAME

The name of the corporation shall be: Accessories 4 You, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

20533 Biscayne Boulevard

Suite 305

Aventura, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100 - \$1 per Share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roy Buhadana

Name and Title: _____

Address 20533 Biscayne Boulevard

Address: _____

Suite 305

Aventura, FL 33180

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRET
FBI MIAMI

(conti.)

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:

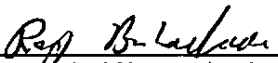
Name: Roy Buhadana
Address: 20533 Biscayne Blvd., Suite 305
Aventura, FL 33180

ARTICLE VII INCORPORATOR


The **name and address** of the Incorporator is:

Name: Roy Buhadana
Address: 20533 Biscayne Blvd., Suite 305
Aventura, FL 33180

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

 07/31/2014
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.

 07/31/2014
Required Signature/Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA