PH0008439

(Re	questor's Name)			
(Ad	dress)	<u></u>		
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies				
Special Instructions to	Filing Officer:			
		,		
		·		



900265403379

10/14/14--01032--013 **70.00

14 OCT 14 PHIO: 12

Office Use Only

m 1020

COVER LETTER

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

_{subject:} Dar	nes and Danes, I	nc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: N	ina K. Stauffer	(Printed or typed)	
49	966 Pointe Circle		
	A	Address	
0	ldsmar, FL 3467	7	
	City,	State & Zip	
72	27-424-3947		
-	Daytime To	elephone number	
ni	na_stauffer@yahoo		
	E-mail address: (to be use	d 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 II PRI	NCIPAL OFFICE Principal <u>street</u> address	Mai	iling address, if differen	14.0	
4966 Pointe C	· ——	ivia		<u> </u>	
Oldsmar, FL 3			\$62 \$01 501		4 414 ; prot;
· ·	71011			 PK 	; "
		 	2	S i	*
ARTICLE III PUR The purpose for which t	POSE he corporation is organized is: To ma	rket and sell who	olesale designe	r fashio	ns
		·			
-		-			-
		·			
· ·					
 -				·	
ADTICLE III CUA	Drc				
ARTICLE IV SHA	ures stock is: 10				
ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECT				
ARTICLE V INIT	<u>rial officers and/or direct</u> : Nina Stauffer, Pres. & CE				
ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECT				
ARTICLE V INIT	<u>rial officers and/or direct</u> : Nina Stauffer, Pres. & CE	Name and Title:			
ARTICLE V INIT	Nina Stauffer, Pres. & CE 4966 Pointe Circle	Name and Title:			
ARTICLE V INIT	Nina Stauffer, Pres. & CE 4966 Pointe Circle	Name and Title:			
ARTICLE V INIT Name and Title Address	Nina Stauffer, Pres. & CE 4966 Pointe Circle	Name and Title: Address:			
ARTICLE V INIT Name and Title Address	Nina Stauffer, Pres. & CE 4966 Pointe Circle Oldsmar, FL 34677	Name and Title: Address: Name and Title:			
ARTICLE V INTO Name and Title Address Name and Title	Nina Stauffer, Pres. & CE 4966 Pointe Circle Oldsmar, FL 34677	Name and Title: Address: Name and Title: Address:			
ARTICLE V INTO Name and Title Address Name and Title	Nina Stauffer, Pres. & CE 4966 Pointe Circle Oldsmar, FL 34677	Name and Title: Address: Name and Title: Address:			
ARTICLE V INTO Name and Title Address Name and Title	Nina Stauffer, Pres. & CE 4966 Pointe Circle Oldsmar, FL 34677	Name and Title: Address: Name and Title: Address:			
Name and Title Address Name and Title Address	Nina Stauffer, Pres. & CE 4966 Pointe Circle Oldsmar, FL 34677	Name and Title: Address: Name and Title: Address:			
Name and Title Address Name and Title Address	Nina Stauffer, Pres. & CE 4966 Pointe Circle Oldsmar, FL 34677	Name and Title: Address: Name and Title: Address:			
Name and Title Address Name and Title Address	Nina Stauffer, Pres. & CE 4966 Pointe Circle Oldsmar, FL 34677	Name and Title: Address: Name and Title: Name and Title: Name and Title:			

Name and	d Title:	Name and Title:	
Address		Address:	• ** *** • • • • • • • • • • • • • • •
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of Nina Stauffer	f the registered agent is:	14 OCT 14 PA
Address:	4966 Pointe Circle Oldsmar, FL 34677	<u>.</u>	PMID: 12 GF STATE SFLORID,
ARTICLE VII The name and ad	INCORPORATOR dress of the Incorporator is:		
Name:	Nina Stauffer	_	
Address:	4966 Pointe Circle		
	Oldmsar, FL 34677	-	
Having been nan this certificate, I	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corpor gistered agent and agree to a	ation at the place designated in ct in this capacity
	m fullp		10/07/2014
	Required Signature/Registered Agent		Date
I submit this document to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the fi sy as provided for in s.817.15	ulse information submitted in a 5, F.S.
2/	In What		10/07/2014
	Required Signature/Incorporator	, ,, ,	Date