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Division of Corporations Page 1 of 1

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Mr. Formal Tuxedos and G&M Menswear Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
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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: **Mr. Formal Tuxedos and G&M Menswear Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

2830 Okeechobee Boulevard

West Palm Beach, FL 33409

Mailing address, if different is:

2830 Okeechobee Blvd

West Palm Beach, FL 33409

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **To transact any and all lawful activity for which a corporation may be formed.**

ARTICLE IV SHARES

The number of shares of stock is: **200**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Anthony G. Fahme**

Address

2830 Okeechobee Blvd

West Palm Beach, FL 33409

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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(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: Anthony G. Fahme
Address: 2830 Okeechobee Blvd
West Palm Beach, FL 33409

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ana Maisonave
Address: 16 Court ST
Brooklyn, NY 11241

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


Required Signature/Registered Agent

12/16/2014

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.


Required Signature/Incorporator

12/16/2014

Date