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Florida Department of State
Division of Corporations
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From:
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
FORMAL ONE TUXEDO, INC.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	$87.50

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MAR - 4 2015

S. GILBERT

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(3)

COVER LETTER

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

SUBJECT: Formal One Tuxedo, 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 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 COPY REQUIRED

FROM: Carlos Ramos
Name (Printed or typed)

c/o Manny's Formal Wear
8450 SW 8th Street
Address

Miami Florida 33144
City, State & Zip

786 253 1444
Daytime Telephone number

Carlos@SC-SMG.com
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: Formal one Tuxedo, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

c/o Manny's Formal Wear
8450 SW 8Th Street
Miami Florida 33144

Mailing address, if different is:

8450 SW 8TH Street
Miami Florida 33144

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Tuxedo & Suits Sales & Rentals

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Ramos / Pres. & Secretary
Address: c/o Manny's Formal Wear
8450 SW 8Th Street
Miami Florida
33144

Name and Title: Vasilios Maheraidis / Vice Pres., & Treasurer
Address: c/o Manny's Formal Wear
8450 SW 8Th Street
Miami Florida 33144

Name and Title:
Address

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

(cont.)

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: CARLOS RAMOS
~~C/O MANNYS FORMAL WEAR~~

Address: 8450 SW 8TH STREET

MIAMI FLA., 33144

ARTICLE VII INCORPORATOR

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

Name: CARLOS RAMOS
C/O MANNYS FORMAL WEAR

Address: 8450 SW 8TH STREET

MIAMI FLA., 33144

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

_____ 03/03/15.
~~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.

_____ 03/03/15
~~Required Signature~~/Incorporator Date