P15000045725		
(Requestor's,Name) (Address) (Address)	500270674335	
(City/State/Zip/Phone #)	03/17/1501012006 **78.75	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2015 HAY 21 PH 12: 05 SECRETARY OF STATE AND ANASSE OF LOGIC.	
Office Use Only	WE	

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COVER LETTER

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

CRAZY TSHIRTS Inc. SUBJECT: (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	F
& Certified Copy	C
••	&
	S

\$87.50 iling Fee, Certified Copy certificate of Status ADDITIONAL COPY REQUIRED

FROM: ISSAM GUIASSI

Name (Printed or typed)

3670 BEACON HILL RD APT 103

Address

PORT ORANGE, FL 32129

City, State & Zip

(386)-882-4547

Daytime Telephone number

fissam.giassi@gmail.com E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2015

4

ISSAM GUIASSI 3670 BEACON HILL RD. APT 103 PORT ORANGE, FL 32129

SUBJECT: CRAZY TSHIRTS INC. Ref. Number: W15000019947

We have received your document for CRAZY TSHIRTS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain Regulatory Specialist II

Letter Number: 715A00005691

www.sunbiz.org

TICLE I NAME name of the corporation shall be: CRA		
TICLE II PRINCIPAL OFFICE Principal street addre	ss Mailing ad-	dress, if different is:
670 Beacon Hill RD A	pt 103	
ort Orange, FL 32129		
	mized is: selling clothing online	e on ebay
-shirt, tank tops swe	eatshirts)	<u> </u>
	<u></u>	20
<u></u>		in ch
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TICLE IV SHARES 2		12:06
ICLE V INITIAL OFFICERS A	ND/OR DIRECTORS	3 FAIL
ICLE V INITIAL OFFICERS A		3 FAIL
Name and Title:	Name and Title:	3 FAIL
Name and Title:	Name and Title:	3 FAIL
Name and Title: Address	Name and Title:	STATE
TICLE V INITIAL OFFICERS A Name and Title:	Name and Title: Address:	STATE
TICLE V INITIAL OFFICERS A Name and Title:	Name and Title: Address: Address: Name and Title:	5 FALE
TICLE V INITIAL OFFICERS A Name and Title:	Name and Title: Address: Address: Name and Title:	5 FALE
TCLE V INITIAL OFFICERS A. Name and Title:	Name and Title: Address:	
TICLE V INITIAL OFFICERS A Name and Title:	Name and Title: Address: Address: Name and Title:	

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•	· · ·		
Name	and Title:	Name and Title:	
Addr	ts s	Address:	
ARTICLE V	REGISTERED AGENT		
The name and	Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	ISSAM Guiassi	<u></u>	
Address:	3670 beacon Hill RC		
	Port ORange, FL 3215	29	
ARTICLE V	II INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	Issam Guiassi	·····	

Address:

Issam Gulassi	
3670 Beacon H	III RD Apt 103
Port Orange	, FL 32129

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

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Required Signature/Registered Agent

05/10/2018 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.

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3/12/2015 Date

Required Signature/Incorporator