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(Requestor's Name)

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(City/State/Zip/Phone #)

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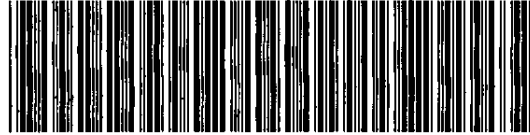
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 APR 11 AM 10:34

## COVER LETTER

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

16 APR 11 AM 10:34  
STATE DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**SUBJECT:** SUSAN TAILORS, 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:** SUSAN S. DIRENNA

Name (Printed or typed)

PO BOX 771033

Address

POMPANO BEACH, FL 33077

City, State & Zip

954-907-1996

Daytime Telephone number

INFO@SUSANTAILORS.COM

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

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

## COVER LETTER

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**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: SUSAN TAILORS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8801 W. ATLANTIC BLVD.

#771033

CORAL SPRINGS, FL 33071

Mailing address, if different is:

PO BOX 771033

POMPANO BEACH, FL 33077

**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: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SUSAN DIRENNA, President

Address: PO BOX 771033

POMPANO BEACH, FL 33077

Name and Title: MELISA WILSON, Vice President

Address: PO BOX 771033

POMPANO BEACH, FL 33077

Name and Title: SUSAN DIRENNA, Secretary

Address: PO BOX 771033

POMPANO BEACH, FL 33077

Name and Title: MELISA WILSON, Treasurer

Address: PO BOX 771033

POMPANO BEACH, FL 33077

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

16 APR 11 AM 10:34  
SOUTH FLORIDA  
DIVISION OF CORPORATIONS

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: SUSAN S. DIRENNA  
Address: 8801 W. ATLANTIC BLVD. #771033  
CORAL SPRINGS, FL 33071

**ARTICLE VII INCORPORATOR**

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

Name: SUSAN S. DIRENNA  
Address: PO BOX 771033  
POMPANO BEACH, FL 33077

16 APR 11 AM 10:34  
DIVISION OF CORPORATIONS

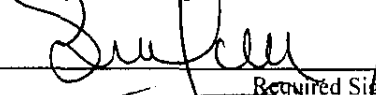
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 / SUSAN S. DIRENNA  
Required Signature/Registered Agent

4/4/2014  
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

4/4/2014  
Date

Susan S. Direnna