state of Corpor

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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number: I20040000031 : (800)906-9220 Phone : (900)906-9880 Fax Number

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

Email	Address:	I	
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FLORIDA PROFIT/NON PROFIT CORPORATION FASHION TREND CONSULTING INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: FASI	HION TREND CONSULTING INC.			
SUBJECT.	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation and	d a check for:	
	\$78.75	□ \$78.75	□ \$87.50 Filing Fee,	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy		
		ADDITIONAL CO		
ı	ALLSTATE CORPORATE SERVICE	S CORP.		
FROM:		e (Printed or typed)	·	
2	215 HENDRICKSON STREET, SUIT	Έl		
_		Address		
I	BROOKLYN, NY 11229			
_	City,	State & Zip		
8	300-906-9220	•		
_	Daytime Telephone number			
F	TLING@AC\$123.COM			
_	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)

233 LAKEWAY LANE POLLO BEACH, FL 33572 RTICLE III PURPOSE the purpose for which the corporation is organized is: Any and all lawful business. Any and all lawful business. Any and all lawful business. RTICLE IV SHARES the number of shares of stock is: 200 RTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Address: APOLLO BEACH, FL 33572 Name and Title: Address: Address: Address: Address: Address:	Principal street address Mailing address, if different in the component of the component o		E FASHION TREND CONSU	
OLLO BEACH, FL 33572 APOLLO BEACH, FL 33572 TICLE III PURPOSE purpose for which the corporation is organized is: Any and all lawful business. Any and all lawful business. TICLE IV SHARES number of shares of stock is: TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Address: APOLLO BEACH, FL 33572 Name and Title: Name and Title: Address: Address: Address: Address: Address:	OLLO BEACH, FL 33572 TICLE III PURPOSE purpose for which the corporation is organized is: Any and all lawful business. TICLE IV SHARES number of shares of stock is: TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Address Address: Address: Name and Title: Address: Name and Title: Address: Name and Title:	<u>ICLE II PRII</u>		Mailing address, if differen
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	Name and Title:	ICLE V INI	TIAL OFFICERS AND/OR DIRECTORS DAVID JOHNSON, PRESIDENT 233 LAKEWAY LANE APOLLO BEACH, FL 33572	Name and Title:Address:
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Address Address:		Name and T Address Name and Ti Address	TIAL OFFICERS AND/OR DIRECTORS Title: DAVID JOHNSON, PRESIDENT 233 LAKEWAY LANE APOLLO BEACH, FL 33572	Name and Title: Address: Name and Title: Address:

Name and Title:		Name and Title:	
Address		Address:	
	· · · · · · · · · · · · · · · · · · ·		
	EGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	DAVID JOHNSON	-	
Address:	233 LAKEWAY LANE	_	
	APOLLO BEACH, FL 33572	_	
ARTICLE VII	NCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	STEVEN WEISS	_	
Address:	ALLSTATE CORPORATE SERVICES CORP.	· •	
	2315 HENDRICKSON ST. STE I, BROOKLYN, NY 11234		
	NOTE OF A 175	,	
	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
(If an effective da filing.)	ite is listed, the date must be specific and canno	t be more than five days prior or 90 days after the	
	inserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements, this date will not be listed as	
this certificate, I a	m familiar with and accept the appointment as re	s for the above stated corporation at the place designated in eistered agent and agree to act in this capacity	
· 1)cul	a synson	07/09/2019	
	Required Signature/Registered Agent	Date	
	iment and affirm that the facts stated herein are Expariment of State constitutes a third degree felon	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.	
X	D Mass	07/09/2019	
Requir	ed Signature/Incorporator	Date	

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