## P19000057330

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

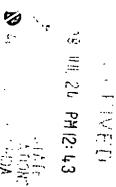
Office Use Only

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JUL 24 2019



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## 19 JUL 24 PH 1:4

## **COVER LETTER**

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

| SUBJECT:             | (PROPOSED CORPOR                           | O R O<br>TE NAME – <u>MUST INCL</u> | UDE SUFFIX)   |
|----------------------|--|-------------------------------------|---|
| Enclosed are an orig | inal and one (1) copy of the art           | ticles of incorporation and         | d a check for:  |
| S70.00 Filing Fee    | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate o Status |
|                      |  | ADDITIONAL CO                       | PY REQUIRED   |
| FROM:                |  | Thompson<br>e (Printed or typed)    |   |
| <del></del> -        | 4768 1000                                  | Aville high                         | way   |
|                      | Tallahassee chy                            | Florida 32                          | 3cs   |
| ******               | (305) 7<br>Daytime                         | Le 1 — Lo 5 Lo \ Telephone number   |   |
| _                    | Begjador<br>E-mail address: (to be uso     | ed 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)

| 19 JUL 24 PM        |
|---------------------|
| 19 JUL 24 PH 1: 4.0 |
| LZ4 PH 1: 40        |

| The name of the corporation                     | on shall be: Tiffany                  | VOIR           | CD. PH 1: 48                      |
|---|---------------------------------------|----------------|-----------------------------------|
|   | PAL OFFICE rincipal street address    |                | Mailing address, if different is: |
|   | ville highway 512                     |                |                                   |
|   | 2, Florida 32305                      |                |                                   |
| ARTICLE III PURPOS<br>The purpose for which the | E corporation is organized is:        | hing f         | Apparel online                    |
|   | ail Store for to                      |                | · 1                               |
| <i>I</i>  | create cluthing                       |                | -1 [ 1 0. ]                       |
| 1   | colors, designs, s                    | styles,:       | Statements and                    |
| 1010 ·  |                                       |                |                                   |
|   |                                       |                |                                   |
| ARTICLE IV SHARES The number of shares of st    | -                                     |                |                                   |
| ARTICLE V INITIAL                               | OFFICERS AND/OR DIRECTORS             | resident       | VICES ide                         |
| Name and Title:                                 | TIFFARY Thompson                      | Name and Title | Jaden Taylor ( amer)              |
| Address   | 4768 incodville                       | Address:       | 4768 was will highery             |
|   | highway 512                           |                | 512 Tallahassee, Fl.              |
| -   | Tallahassee, Fl. 32315                | <u> </u>       | 3335                              |
| Name and Title                                  |                                       | Name and Title | :                                 |
| Address _                                       |                                       | Address:       | <del></del>                       |
| -   |                                       |                |                                   |
| -   | · · · · · · · · · · · · · · · · · · · | -              | 7                                 |
| Name and Title                                  |                                       | Name and Title | ::                                |
| Name and True                                   |                                       |                | · <u> </u>                        |
| Address   |                                       |                |                                   |



| Name and Title:   | Name and Title:   | 19 JUL 24 PH 1: 48   |     |
|---|---|--|-----|
| Address   | Address:  |  |     |
|   |   |  |     |
| -   | ·   |  |     |
|   |   |  |     |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a                                     | acceptable) of the registered agent is                                      | :  |     |
| Name: Tiffany Trom  |   | ·  |     |
| Address: 4768 woodville V   |   |  |     |
| Tallahassec, Fluri  | • '   |  |     |
| ARTICLE VII INCORPORATOR  |   |  |     |
| The <u>name and address</u> of the Incorporator is:   |   |  |     |
| Name: It Fany Thompson  | <u> </u>  |  |     |
| Address: 4768 Woodville 1   | righuay   |  |     |
| Tallahassee, florid   | <u>9 323</u> 65   |  |     |
| (If an effective date is listed, the date must be specific  | . (OPTIO  | NAL)<br>ays prior or 90 days after the                               |     |
| filing.)  |   | ·  |     |
| Note: If the date inserted in this block does not meet the the document's effective date on the Department of State | e applicable statutory filing require<br>e's records.                       | ements, this date will not be listed as                              |     |
| Having been named as registered agent to accept service this certificate, I am familiar with and accept the appoint | ce of process for the above stated c<br>timent as registered agent and agro | corporation at the place designated in<br>we to act in this capacity | 1   |
| Required Signature/Rygistered   | ₩d Agent  | 07 24 20   | 19  |
| I submit this document and affirm that the facts stated document to the Department of State constitutes a third     | herein are true. I am aware that<br>degree felony as provided for in s.8    | the false information submitted in (817,155, F.S.                    | ı · |
| Gu Man Sur-<br>Gulired Signature/Incorpdrator   |   | 07 24 201  | 9   |
|   |   | 17715  |     |