

P20000021205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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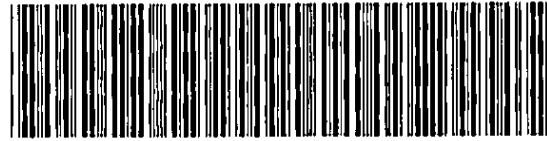
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 MAR 10 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

20 MAR 10 01:46:24

Mar 11 2020  
K Brumbley

## COVER LETTER

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

**SUBJECT: CLOTHED BY GRACE CORP**  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **OLGA HERNANDEZ**  
Name (Printed or typed)

**9010 SW 137 AVE SUITE 205**  
Address

**MIAMI, FL 33186**  
City, State & Zip

**786-422-4209**  
Daytime Telephone number

**OLGA@ITAXPROFESSIONAL.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: CLOTHED BY GRACE CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2215 SE 24 TH PLACE

HOMESTEAD, FL 33035

2215 SE 24 TH PLACE

HOMESTEAD, FL 33035

**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: 1000

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

Name and Title: LOZANO, KIM, PRESIDENT

Address 2215 SE 24 TH PLACE

HOMESTEAD, FL 33035

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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TALLAHASSEE, FLORIDA

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: LOZANO, KIM  
Address: 2215 SE 24 TH PLACE  
HOMESTEAD, FL 33035

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LOZANO, KIM,  
Address: 2215 SE 24 TH PLACE  
HOMESTEAD, FL 33035


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/09/2020 (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

 03/09/2020  
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.*

 03/09/2020  
Required Signature/Incorporator Date