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**DATE: 4/15/2021**

**NAME: FASHION BY LIZ INC**

**TYPE OF FILING: ARTICLES**

**COST: 70.00**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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**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: FASHION BY LIZ INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8417 N. ARMENIA AVENUE # 710

8417 N. ARMENIA AVENUE # 710

TAMPA, FL 33604

TAMPA, FL 33604

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: selling of women clothes and accessories door to door as well as  
by e-commerce

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: EVELYN ALVAREZ - Director

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

Address

8417 N. ARMENIA AVENUE # 710

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

TAMPA, FL 33604

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

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

Address

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

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

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

Address

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

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EVELYN ALVAREZ  
Address: 8417 N. ARMENIA AVENUE # 710  
TAMPA, FL 33604

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EVELYN ALVAREZ  
Address: 8417 N. ARMENIA AVENUE # 710  
TAMPA, FL 33604

**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 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.

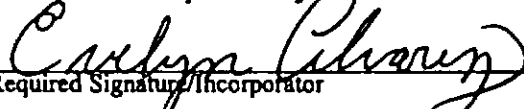
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

04/05/2021

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

04/05/2021

Date

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