Paa000060014

(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:				
i				





000390870280

07/21/22--01033--017 ++70.00



COVER LETTER

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

SUBJECT:	Alexandra Charlot (Y). VE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	I a check for:
ı∳ \$70.00 Filing Fec	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fec & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	Name		
	10570 SW 24th Court	ddress	
	Hiramar, Florida 33 City,		
	786 - 988 - 584 Daytime Te	15 Tephone number	
	APXANCIA (harlot () Ya E-mail address: (to be used	ADO. LOM for future annual report no	otification)

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

22 PH 9:23

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II PRI	ration shall be: Hexamold [12])	
0570 SW 24H	Principal street address 1_CL_HIMMAY_FL_33045		Mailing address, if different is:
TICLE III PUR e purpose for which IL CALEGOTIES ECES, FIAGIAN	POSE the corporation is organized is: For A Will be Gold Guch 25 Wom (e5, men Clothing and jou	fashion_labe ven_clothing,li vnals	l_where_products_of_d ingeries, je.welry, handb
TICLE IV SHAI	2FS	.	
number of shares o			
TICLE V INITI	AL OFFICERS AND/OR DIRECTORS		
	ic: Alexandra Charlot, LEO	Name and Title:	
Address	10370 GW 24th Ct Hirama.		
71001055	FL 33005	Address.	<u> </u>
			
Name and Title	:	Mame and Title:	
Address			
Address		Address:	
			, ,
Name and Title		Name and Title:	••
Name and Title			<u></u>
			<u></u>

Name and Title:	Name and Title:
Address	Address:
	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	OT acceptable) of the registered agent is:
Name: Alexandra Charlot	
Address: 10570 St.J. 24th (t, 1	
_FL_33025	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Flexandra Charlot	
Address: 105H) 5W J4H1_0	L, Hiramar
_F1_33025	
(If an effective date is listed, the date must be spefiling.)	OFFIDADA . (OPTIONAL) cific and cannot be more than five days prior or 90 days after the
the document's effective date on the Department of S	t the applicable statutory filing requirements, this date will not be listed a State's records.
certificate, I am familiar with and accept the appoint	vice of process for the above stated corporation at the place designated in the ment as registered agent and agree to act in this capacity
Required Signature/Registo	07/15/2022
/ Required Signature/Registo	cred Agent Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a thin	ted herein are true. I am aware that the false information submitted in
Required Signature/Incorporator	Date 07/15/2022
, ,	
	 ?

∑ 23