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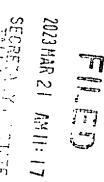
	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
: Copies	_ Certificates of	Status
	Filing Officer:	

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Please use fuds from this account: 120210000160: Amount: \$70.00 Authorization Signature:

Dress Your Breast Inc. **Business Name** Document # Certified Copy of Articles of Incorporation Certificate of Status **AMMENDMENTS NEW FILINGS** ___Amendment Profit Corp ___ Resignation of R.A. Officer/Director ___Not for Profit __Limited Liability Change of Registered Agent or office ____Dissolution Domestication ____Merger Other ___Conversion X CORP ___ Amended and restated Articles LLLP Revocation of Dissolution OTHER FILINGS REGISTERATION/QUALIFICATIONS ___ Foreign filing Annual Report ___Limited Partnership Reinstatement Fictitious Name __APOSTILLE ______Country Other

FEORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINIER'S INITIALS:

(850) 524-5437 (850) 524-6243

TALLAHASSEE, FL 32309

COVER LETTER

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

SUBJECT: Dres	ss Your Breast Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
x \$70.00	□ \$ 78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee.
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CC	
FROM:	Aisha Moore		
rkow:		e (Printed or typed)	·· ····
	4734 S Atlantic Ave		
		Address	
	Port Orange, FL 32127	Ctuta & Zin	
	City	, State & Zip	
	+1 (202) 460-2295		
_		Telephone number	1-11-11-11-11-11-11-11-11-11-11-11-11-1
	·		
	kibibi4640@gmail.com		
	E-mail address: (to be use	ed for future annual report i	iourication)

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 II PRINC	ion shall be: Dress Your Breast In TIPAL OFFICE Principal street address		tiling address, if differen	tis:
4734 S Atlantic Ave	<u> </u>	4734.S.A	tlantic Ave	
Port Orange, FL 3			nge, FL 32127	
ARTICLE III PURPO	***			
			S	2023
			POS CS	∑
			23.	70 4780
			10.7	= 71
			· · · ·	
	: Aisha Moore- Director	Name and Title:	Aisha Moore- Pres	ident
Address	4734 S Atlantic Ave	Address:	4734 S Atlantic Ave	
	Port Orange, FL 32127		Port Orange, FL	32127
Name and Title:		Name and Title:		
Address		Address:		
Name and Title		Name and Title:		
Address				
	-			-

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Aisha Moore Address: 4734 S Atlantic Ave Port Orange, FL 32127 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Aisha Moore 4734 S Atlantic Ave., Port Orange, FL 32127 ARTICLE VII EFFECTIVE DATE: Effective date, if other than the date of filing: 3/20/23 (OPTIONAL) (Iff an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after iffiling.) Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be 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 designancertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	Name ar	d Title:	Name and Title:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Aisha Moore Address: 4734 S Atlantic Ave Port Orange, FL 32127 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Aisha Moore Address: 4734 S Atlantic Ave., Port Orange, FL 32127 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 3/20/23 Effective date, if other than the date of filing: 1/11 and cannot be more than five days prior or 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records. Having heen named as registered agent to accept service of process for the above stated corporation at the place designal certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the fake information submidocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Biska Moore. 3/20/2023	Address	· · · · · · · · · · · · · · · · · · ·	Address:	
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