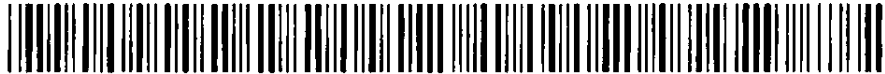


Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H240002436923))



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Note: DO NOT hit the REFRESH-RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : RASI
Account Number : 128220000023
Phone : (300)221-2972
Fax Number : (917)243-5843

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTRARS
CORPORATIONS
SERIAL
UNITES

2024 JUL 18 AM 10:13

RECEIVED

FLORIDA PROFIT/NON PROFIT CORPORATION

Equisite Elements of Style, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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, Equite Elements of Style, Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

3756 Miramontes Circle
Wellington FL 33414

3756 Miramontes Circle
Wellington FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Clothing Retailer

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brianne Link Name and Title: _____

Address: 3756 Miramontes Circle Address: _____
Wellington FL 33414

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Brianne Lick
 Address: 3756 Micamuck Creek
Wellington FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hall CPA Group, LLC
 Address: 277 Indian Head Rd
King, Port NY 11754

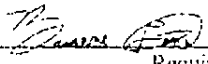
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

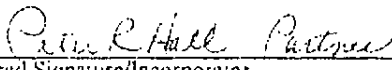
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 7-17-24
 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.

 7-17-24
 Required Signature/Incorporator Date