

9/17/24, 3:01 PM

Division of Corporations

## Florida Department of State

Division of Corporations

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FL  
9-18-24



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To:

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

From:

Account Name : USACORP INC.  
Account Number : I20130000019  
Phone : (718)362-4789  
Fax Number : (718)408-2550

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

Email Address: shop@roseapparel.store

### FLORIDA PROFIT/NON PROFIT CORPORATION

Rose Apparel Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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SECRETARY OF STATE  
TALLAHASSEE, FL

STATE  
TALLAHASSEE, FL

2024 SEP 17 PM 4:24

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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: Rose Apparel Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5379 LYONS RD #935

COCONUT CREEK, FL 33073

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Apparel Shop

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: Michelle Henry, Director

Name and Title: Jelanie Cowan, Director

Address: 5379 LYONS RD #935  
COCONUT CREEK, FL 33073

Address: 5379 LYONS RD #935  
COCONUT CREEK, FL 33073

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

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

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

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

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

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

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

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

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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: Michelle Henry  
Address: 5379 LYONS RD #935  
COCONUT CREEK, FL 33073

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michelle Henry  
Address: 5379 LYONS RD #935  
COCONUT CREEK, FL 33073

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CLERK OF STATE  
TALLAHASSEE, FL

**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 business days prior or 90 business 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*

/s/ Michelle Henry

09/17/2024

\_\_\_\_\_  
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.*

/s/ Michelle Henry

09/17/2024

\_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date

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