# P95000004714.

## TRANSMITTAL LETTER

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

SUBJECT: AL	Ly 5	FASTION	/ // C	
	y		900 -017	0001876539 11/9501088014 *122.50 ****122.50
Enclosed is an original for :	and one (1) cop	by of the articles of in		
[ ] \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	19.95
FROM:	S/D Name 6635	HEY GURS  (printed or typed)  W. Connek  Address	CIAL BIN	214
	TAM	ARAC /- L. ty, State & Zip	33319	
	(305° Daytimo	ty, State & Zip  701-030  Telephone number	00-116	Ting B
	ι	189, 302,	691 -954	FILED MIN 2
NOTE: Please	provide the o	riginal and one	copy of the ar	ticles.



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

January 13, 1995

SIDNEY GURSEY, P.A. 6635 W COMMERCIAL BLVD #214 TAMARAC, FL 33319

SUBJECT: ALLY'S FASHION, MEND DRESSES INC Ref. Number: W95000000954

We have received your document for ALLY'S FASHION, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6919.

Beth Register Corporate Specialist Supervicar

Letter Number: 895A00001576

### ARTICLES OF INCORPORATION

25 FILED THE COSTARY OF STAY 29

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

ALLY'S FASHIOHET DRESSES, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6635 W. COMMERCIAL Blod. 214 TAMARAC, FL. 33319

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES - COMMON STOCK No PAR VALUE, PER SHARE

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SIDNEY GURSEY, P.A # 514 6635 W Connercial Blad 214
TANARAC, FL 33319

#### ARTICLE V INCORPORATORISI

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

Missim VAKNIN

% SIDHEY GURSEY
6635WI CONNERCIAL BLD #314
TAMARAG FL =33319

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Signature

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLOHIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: FILLY'S FISHION & DRESSES	1110				
2. The name and address of the registered agent and office is:  SIDNEU GURSEY PA  (Name)					
6635 W COMMERCIAL Blid 210					
(P.O. Box not acceptable)					
TANARAC FL. 3.3319 (City/State/Zlp)					
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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signaturel 1/5-/95-