

P96000062610

TRANSMITTAL LETTER

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

RECEIVED
DIVISION OF STATE
CORPORATIONS
JUN 15 AM 11:09

SUBJECT: Designed By You
(Proposed corporate name - must include suffix)

800001893818
-07/16/96--01016--018
***122.50 ***122.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Mr. Richard J. Felice
Name (printed or typed)

Mr. R.J. Felice

GAVE

524 Cape Cod LN #202
Address

AUTHORIZATION BY PHONE TO

CORRECTION: DATE - correct name

ALTAMONTE Springs FLA. 32714
City, State & Zip

DATE 7-26-96

DOC. EXAM. UQU

407-788-0660
Daytime Telephone number

W96-14834

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

UQU 7-26-96

696A00036047



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

July 10, 1996

MR. RICHARD J. POLICE
524 CAPE COD LN #202
ALTAMONTE SPRINGS, FL 32714

SUBJECT: DESIGNED BY YOU
Ref. Number: W96000014834

We have received your document for DESIGNED BY YOU 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 reference. 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.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6052.

Vickie Whitfield
Corporate Specialist

Letter Number: 796A00034394

ARTICLES OF INCORPORATION

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: **Caps Designed By You Inc.**

ARTICLE II PRINCIPAL OFFICE

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

**524 CAPE COD LN #202
ALTAMONTE SPRINGS, FLA, 32714**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
35 JUL 16 2:11:09

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**MADISON C FELICE
524 CAPE COD LN. #202
ALTAMONTE SPRINGS, FL 32714**

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

MR. Richard J. Felice

524 Cape Cod Ln #202

Altamonte Springs FL 32714

Ms. Michele R. Chiavrolanza

524 Cape Cod Ln. #202

Altamonte Springs, FL 32714

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

18 day of July, 19 94.

(An additional article must be added if an effective date is requested.)

Richard J. Felice
Signature

Michele R. Chiavrolanza
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA 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:

Caps Designed By You INC.

2. The name and address of the registered agent and office is:

MADISON C. FELICE
(NAME)

524 Cape Cod Lane # 202
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Altamonte Springs FL 32714
(CITY/STATE/ZIP)

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.

Madison C. Felice

(SIGNATURE)

7-12-96

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
56 JUL 16 AM 11:09