

P96000080709

Chapter Number Only

9-24-96

Requester's Name

Address

City

State

Zip

Phone

VALIDATION ONLY

200001956222  
-09/25/96--01038--021  
\*\*\*\*122.50 \*\*\*\*122.50

CORPORATION(S) NAME

Whispers of Lingerie, Inc.

96 SEP 30 PM 12:28  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                 | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Will Wait       | <input type="checkbox"/> Pick Up                    |
| <input checked="" type="checkbox"/> Walk In        |  | <input type="checkbox"/> Mail Out                   |

96 SEP 25 AM 10:40  
RECEIVED  
DIVISION OF CORPORATION

Empire Toll Free: 1-800-432-3028

~~10/10/96~~

CERTIFIED COPY

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

746-44147



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

September 25, 1996

EMPIRE

MIAMI, FL

**SUBJECT: WHISPERS OF LINGERIE, INC.**  
**Ref. Number: W96000020232**

**RECEIVED**  
**96 SEP 30 AM 9:56**  
**DIVISION OF CORPORATIONS**

We have received your document for WHISPERS OF LINGERIE, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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) 487-6926.

**Teresa Brown**  
**Corporate Specialist**

**Letter Number: 796A00044147**

# ARTICLES OF INCORPORATION

of

WHISPERS OF LINGERIE, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

FILED  
96 SEP 30 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

WHISPERS OF LINGERIE, INC.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares ( ) of 1.00 Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>KRISTINA VIRTUE</u>		
ADDRESS	<u>10590 N.W. 20TH CT</u>		
CITY	<u>SUNRISE</u>	FLORIDA	ZIP <u>33322</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>WHISPERS OF LINGERIE, INC.</u>		
ADDRESS	<u>10590 N.W. 20TH CT</u>		
CITY	<u>SUNRISE</u>	FLORIDA <u>FL</u>	ZIP <u>33322</u>

# ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Kristina Virtue</u>		
ADDRESS	<u>10590 N.W. 20TH CT</u>		
CITY	<u>SUNRISE</u>	STATE	<u>FL</u> ZIP <u>33320</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	<u>Kristina Virtue</u>		
ADDRESS	<u>10590 N.W. 20TH CT</u>		
CITY	<u>SUNRISE</u>	STATE	<u>FL</u> ZIP <u>33320</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 24TH day of SEPTEMBER, 19 96

Kristina Virtue (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

**CERTIFICATE AND KNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT  
OF**

**FILED  
96 SEP 30 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

WHISPERS OF LINGERIE, INC.  
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 10590 N.W. 20TH CT  
SUNRISE, FL 33322

has named KRISTINA VIRTUE  
located at the aforesaid address, as its Registered Agent to accept service of process within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Kristina Virtue  
(registered agent)