## 197000044703

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

600002181226--2 -05/16/97--01051--004 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: FLEHNOR'S	SWINGERR BOUTIONE /NO	
	(Proposed corporate name - must include suffix)	•

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

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM ELEHNOR'S SWING EHR BOUTIGLE / NC.
Name (Printed or typed)

3349 E. CAKLAND PARK BLVD

TI LAUDE FUALE I-L 35-08
City, State & Zip

54-572-9051

Daytime Telephone number

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

FILED

## ARTICLES OF INCORPORATION

97 MAY 16 PM 4: 08

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETALIA SECLE FLORIDA

ART	CLE I	NAME		
			•	

The name of the corporation shall be:

ELEANOR'S SWIMWEAR BOUTIQUE INC

ARTICLE 1	II P	RINCIPA	L OFFICE

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

3-249 F. OAKLAND PARK BLVD FT. LAUDERDALE FL 3730S

## 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 Florida street address of the initial registered agent are:

ELEANCE GANZ 3861 N.W 84th AVE + (C SUNCISE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

1-11 HNCK CHNY 3861 N.W SYSTE AUE #1C-50NRISE FL 33351

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

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

X Claren M. Hany Signature/Registered Agent