

P 98000049903

TRANSMITTAL LETTER

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

200002544302--7
-06/02/98--01058--012
*****78.75 *****78.75

SUBJECT:

ALL Season's Clothing
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 JUN -2 AM 8:22

FILED

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:

AION S. BATZRI

Name (Printed or typed)

20355 NE 34 CT

Address

N MIAMI, B 33180

City, State & Zip

(305) 466-9690

Daytime Telephone number

F. CHESSE

JUN 4 1998

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ALL SEASONS Clothing INC

ARTICLE II PRINCIPAL OFFICE

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

20355 NE 34 CT
MIAMI FL 33180

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

20355 NE 34 CT MIAMI FL
33180

ALON. S. BATZRI

ARTICLE V INCORPORATOR

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

ALON. S. BATZRI 20355 NE 34 CT
MIAMI FL 33180


Signature/Incorporator
& REGISTERED AGENT

5/27/98
Date

(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

Signature/Registered Agent

Date