## TRANSMITTAL LETTER

## P98000062949

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

SUBJECT: HANDBAG + Luggage Liquidation Outlet, Inc.
(Proposed corporate name - must include suffix)

000002589780--2 -07/15/98--01059-019 \*\*\*\*131.25 \*\*\*\*131.25

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

0

\$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM

Sheila DAUIS

Name (Printed or typed)

344 ROYAL PALM PARK RN

FT Myels, FL 33905
City, State & Zip

941-694-2522

Daytime Telephone number

RETARY OF STATE

## 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:

THE HANDBAG & LUGGAGE LIQUIDATION OUTLET, INC.

APPROVED AND FILED 98 JUL 15 AM 8: 05
SECRETARY OF STATE AND SECRETA

ARTICLE II PRINCIPAL OFFICE

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

346 ROYAL PAIM PARK ROAD Et MYERS, FL 33905

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

346 ROYAL PAIM PARK Rd

ET MYERS, FL 33905

Sheila Davis

ARTICLE V INCORPORATOR

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

Sheila Dauis 346 Royal Paim Park RD Ft Myees, FL 33905

Signature/Incorporator/Registered agent

7-1-98

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