# P9800090600 TRANSMITTAL LETTER

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

SUBJECT:	Stylez Designz (Proposed d	うし、 orporate name - must include	*****7()。	01001001
Enclosed is an original	and one(1) copy of the articles	s 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 CO	PY REQUIRED	
FROM: Todd Gavvin Name (Printed or typed)				
1913-2 Honeysuckle Dr. Address				
Tallahass ee, FL 32304 City, State & Zip				FILI SECRETARY VISION OF CO
_	(850) 574 - 80 Daytime Te	910 elephone number	<u></u>	ED STATE OF STATE ORPORATION PM 2: 27

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:

STYLEZ DESIGNZ INC.

# ARTICLE II PRINCIPAL OFFICE

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

1913-2 Honeysuckle Dr. Tallahassee, Florida 32304

# 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:

Todd Gauvin

1913-2 Honeysuckle Dr.

Tallahassee, FL 32304

### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Todd Gauvin

1913-2 Honeysuckle Dr.

Tallahassee,FL 32304

Signature/Incorporator

10/23/98

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