TRANSMITTAL LETTER

Department of State Division of Corporat P. O. Box 6327 Tallahasset FL 323	iva Dancewe	ate namé - must include suff		3	
		41	000027686 -02/09/9901 *****87.50	3746 1010017 *****87.50	
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 of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status		
FROM:	-	Jordan inted or typed) 2+, ddress	SOLEANY OF SIATE		
	Longwood, Flore City, S (407) 786-0571 Daytime Te	State & Zip)		

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 Ar	

ARTICLE I NAME	
The name of the corporation shall be:	
Diva Dancewear, INC.	3 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
ARTICLE II PRINCIPAL OFFICE	be: TBBE 5
The principal place of business and mailing address of this corporation shall	be: TBOS
217 Regis ct. Longwood, FL. 32779	DAF C
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outs	standing at any one time is:
Zero	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET The name and Florida street address of the initial registered agent are: 217 Regis c+. Longwood, FL. 32779	ET ADDRESS TBO
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation	are:
DEBBIE LYNN Jordan 217 Regis Ct Longwood, FL. 32779	
Devige Son a	16/99
Signature/Incorporator	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