TRANSMITTAL LETTER Department of State TRANSMITTAL LETTER OOD OO 000 (42)

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

rananassee, FL 32.	514			
SUBJECT: STYLZ Fashing Inc. (Proposed corporate name - must include suffix)				
			00002935 -07/20/990 *****78.50	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:		ddress	SECRETARY OF STATE	APPROVED FILED 99 JUL 20 AMIII: C
	(904) 764-7063	tate & Zip		δ.

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:

STYLZ Fashions Inc.

ARTICLE II PRINCIPAL OFFICE

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

4806 Foxboro Rd. Jacksonville Fla. 22208

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Benjamin Garrett Smith 4806 Foxboro Rd. Jacksonville Fla. 32209

ARTICLE V INCORPORATOR

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

Benjamin Garrett Smith 4806 Foxboro Rd. Jacksonville Flg. 32208

Signature/Incorporator

7-19-99

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

7-19-99

Date