P99000103932

TRANSMITTAL LETTER

Department of State Division of Corporations	SECH TALLAR
P.O. Box 6327	型 2 日
Tallahassee, FL 32314	
SUBJECT: DORT NOMEN'S FASHIONS, NG	OF STATE
(Proposed corporate name)	2000年
	DA
Enclosed is an original and one (1) copy of the articles of inc	orporation and a check for
\$ <u>78.75</u>	
	6000030540 <u>76</u> 3_
	-11/24/9901053015 *****78.75 *****78.75
FROM:	
LORIT JULTAN	
Name (printed or typed)	-
1 12 2 1 1 1 1 -	
10750 N.W. 40 STREET	
Address	
JUNICISÉ FL 3335/	
Cirly, State, & Zip	
954-741-6027	
Telephone Number	
,	

FORESCEN DEC 1 1999

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



ARTICLES OF INCORPORATION

OF

DORT WOMEN'S FACHIONS,

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

ARTICLE I

The name of the corporation shall be: Dopit Women's Freshions, INC.

PRINCIPAL OFFICE ARTICLE IL

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

10750 N.W. 40TH STREET UNRISE, FL. 3335/

SHARES ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES (NO PAR VALUE)

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLEIV

The name and address of the initial registered agent is:

ARTICLE V INCORPORATOR(S)

	street address(es)			
Tion is (are):	DORIT LUTAN	PRESIDENT	Lery TREA	c, DIRECTOR, 4
	0750 N.W. 40	FIRET	Ü	c, DIRECTOR, 4 PRIG. / DEORP.
	PUNCISE, FL 3.	335/	•	
	·			
•				
The undersigned	incorporator(s) has	Λ	these Articles of	Incorporation this
3,	day of	DOTOBER	, 19	
\triangle	Da. t			
(x)	Long.	Signature		
-				
-		Signature		
Approximation of the second		Signatura		·

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1.	The name of the corporation is: Dorert Women's Fastions, INE.	_
-		•
2.	The name and address of the registered agent and office is:	-
	/	
	(P.O. Box NOI acceptable) WASE, T. 3335/	
	(City/State/Zip)	0; 50

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 (X) X/0/3//99 DATE ________

REGISTERED AGENT FILING FEE: \$35.00