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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY &

Account Number: 072450003255 Phone: (305)634-3694

Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

capri dollar store, corp.

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ARTICLES OF INCORPORATION

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 NAME

The name of the corporation shall be:

CAPRI DOLLAR STORE, CORP.

ARTICLE II PRINCIPAL OFFICE

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

1155 WEST 29 STREET HIALEAH FL 33012

ARTICLE III SHARES

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

100 SHARES AT \$1,00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

DEIVYS E ALVAREZ 1155 WEST 29 STREET HIALEAH FL 33012

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(cs) of the incorporator(s) to these Articles of Incorporation is(are):

DEIVYS E ALVAREZ 1185 WEST 29 STREET HIALEAH FL 33012

ARTICLE VI OFFICERS

PRESIDENT DEIVYS E ALVAREZ 50 % VICEPRESIDENT MARIEN CUBA 50%

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22 day of September, 2004

(An additional article must be added if an effective date is requested.)

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

PO.9 JATOT

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

The name of the co	orporation is:	20 TA
CAPRI DOLLAR 1. The name and	STORE, CORP. address of the registered agent and office is:	M SEP
	DEIVYS E ALVAREZ	တ္တို့ ယ
	NAME	PH 2: GF SI
	1155 WEST 29 STREET	H 2: 06 F STATE FLORIDA
	(P.O. BOX OR MAIL DROF BOX NOT ACCEPTABLE)	•
	HIALEAH FL 33012	
•	(CITY/STATE/ZIP)	

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.

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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