P0900030852

| | | _ |
|---------------------------|--------------------|----------|
| (Req | uestor's Name) | - |
| (Add | ress) | |
| bbA) | ress) | |
| , (City. | /State/Zip/Phone # |) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Name |) |
| (Doc | ument Number) | |
| Certified Copies | Certificates of | f Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | į |
| | | |

Office Use Only



500147879025

04/06/09--01003--014 **78.75

DEFARTIANT OF SATE IVISION OF CORPORATIONS TALLAHASSEF FLORIDA RECEIVED

09 APR -6 AM 10: 49

SECRETARY OF STAIL SIVISION OF CORPORATION OF CORPORATION OF 100 APR -6 PM 12: 52

4 4/11/09

LAZARUS

CORPORATE FILING SERVICE

2009 APR -6 PH 12: 52

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

| | Office Use Only |
|---------------------------------|---------------------------------------|
| CORPORATION NAME(S) & DOCU | MENT NUMBER(S), (if known): |
| BEST DE | SIGNERS, INC |
| (Corporation Name) | (Document #) |
| | |
| (Corporation Name) | (Document #) |
| | |
| (Corporation Name) | (Document #) |
| | |
| 4 | |
| (Corporation Name) | (Document #) |
| Walk in Pick up time | 2.co Certified Copy |
| Mail out Will wait | Photocopy |
| — Mail out — Will Walt | Certificate of Status |
| NEW FILINGS | AMENDMENTS |
| Profit | ☐ Amendment |
| Not for Profit | Resignation of R.A., Officer/Director |
| Limited Liability Domestication | Change of Registered Agent |
| Other | Dissolution/Withdrawal Merger |
| • | |
| OTHER FILINGS | REGISTRATION/QUALIFICATION |
| Annual Report | ☐ Foreign |
| Fictitious Name | Limited Partnership |
| | Reinstatement |
| · . | Trademark Other |
| | · |
| | Examiner's Initials |
| CP 2 F 0 3 1 / 7 / 0 7 \ | |

ARTICLES OF INCORPORATION SECRETARY OF STATE OF CORPORATION

2009 APR -6 PM 12: 52

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: BEST DESIGNERS, INC

ARTICLE II PRINCIPAL OFFICE

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

4005 N.W. 114 AVE STE 8 DORAL, FL 33178

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) HUNDRED SHARES ONE **DOLLAR (1) PER VALUE COMMON STOCK**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET **ADDRESS**

The name and address of the initial registered agent is:

FRANK R. MARMOLEJOS 95 S.W. 15 TERRACE HOMESTEAD, FL 33178

ARTICLE V INCORPORATOR(S)

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

FRANK R. MARMOLEJOS 95 S.W. 15 TERRACE HOMESTEAD, FL 33030

ARTICLE VI DIRECTOR(S)

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

FRANK R. MARMOLEJOS (PRESIDENT)
95 S.W. 15 TERRACE HOMESTEAD,FL 33030
PRIAMO D. MARMOLEJOS (SECRETARY)
4005 N.W. 114 AVE STE 8 DORAL,FL 33178
ANTONIO STORNO (VICE-PRESIDENT)
4005 N.W. 114 AVE STE 8 DORAL FL 33178

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this _3 _ day of _APRIL 2009 ___.

Signature

Signature

CERTIFICATE OF DESIGNATION 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: BEST DESIGNERS, INC | | |
|----|---|-------|--------------|
| 2. | The name and address of the registered agent and office | is: | |
| | FRANK R. MARMOLEJOS | 2009 | SIAIC |
| | (NAME) | APR | O.K. |
| | 95 S.W. 15 TERRACE | 9 | 9F () |
| _ | (P.O. BOX <u>NOT</u> ACCEPTABLE) | PH | 10.48£ |
| _ | HOMESTEAD, FL 33030 (CITY/STATE/ZIP) | P: 52 | ANIL NAME |

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.

| SIGNA | TURE Promy K. Wormplego. |
|-------|--------------------------|
| DATE_ | 04/03/2009 |