

P/1000050521

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000140511 3)))



H110001405113AB00

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
M.J. PAVE BEADS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

FILED  
11 MAY 26 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 05/27/11

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** M.J. PAVE BEADS, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
150 SW 51 PLACE  
MIAMI, FL 33134

Mailing address, if different is:  
150 SW 51 PLACE  
MIAMI, FL 33134

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
**RETAIL AND WHOLESALE ACCESSORIES STORE**

**ARTICLE IV SHARES**  
The number of shares of stock is: **500 SHARES TI \$1.00 EACH**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JACQUELINE GARCIA (PRESIDENT)  
Address: 9601 SW 102 STREET  
MIAMI, FL 33176

Name and Title: MARIUSKA HERNANDEZ (V.PRESIENT)  
Address: 150 SW 51 PLACE  
MIAMI, FL 33134

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JACQUELINE GARCIA  
Address: 9601 SW 102 STREET  
MIAMI, FL 33176

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIUSKA HERNANDEZ  
Address: 150 SW 51 PLACE  
MIAMI, FL 33134

FILED  
MAY 26 AM 11:33  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

(X) [Signature]  
Required Signature/Registered Agent

05/25/2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(X) [Signature]  
Required Signature/Incorporator

05/25/2011  
Date