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(Re	equestor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
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## **COVER LETTER**

Department of State New Filing Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	The Shoe Gi	y of Florida. TENAME-MUSTINCE	Inc		
	(PROPOSED CORPORA	TE NAME MUST INCL	UDE SUFFIX)		
Enclosed are an original	inal and one (1) copy of the art	icles of incorporation and	d a check for:		
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Certified Copy & Certificate o Status		
FROM:	Genuleua M	Aristany e (Printed or typed)			
	10101 N.W. 32 MD TOITACE				
	Dord FL 33172.  City, State & Zip				
·	786. 210. Daytime T	8140 Pelephone number			
_	The shoot up 68 @ amail. Com E-mail address (to be used for future annual report notification).				

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

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

The name of the co	NAME rporation shall be:	The Shoe G	uy of F	lorido INC
ARTICLE II	Principal offici	<u>E</u>	/	Mailing address, if different is:
10101	<u> </u>	_	^	a Box 226996
Doral,		172	_	)oral, FL 33222
- 10 mil.			<u></u>	
ARTICLE III The purpose for w	PURPOSE hich the corporation is o	organized is: to 5	ell shoes	to wstomers.
•				
				F. F.
				Me - I
				[ 2 D
ARTICLE V  Name and Address	I Title: Genuver	AND/OR DIRECTOR  A Maristany  W. 32 no Terra  FL 33177	Name and Title:	Prosident SAMe
Name and	Title: Alejand	ra Nunez	_ Name and Title:	Vice President
Address	10 101 1 Doral, 7	J.W 32 NO TEXTAC -C 33172	<u>ℓ</u> Address:	SAM-L
Name and	Title:		Name and Title:	
Address	<del>-1,5,0 - 1,0 ,0 - 1,0 -</del>		Address:	
	· · · · · · · · · · · · · · · · · · ·		<del>-</del>	

1			FILED
Name and Ti	lle:	Name and Title:	3 FFB -1 PH 1: 18
Address		_ Address: 3	ALLAHADSEE, FLORIDA
	EGISTERED AGENT a street address (P.O. Box NOT acceptable) o	f the registered agent	is:
Name:			
Address: _	Genoveur Maristany  10101 N.W. 32 Nd Terrace		
·	Doral, FL 33178	_	
ARTICLE VII II	ICORPORATOR		
The name and addre	ss of the Incorporator is:		
Name:	Elien Aranzan	<del>-</del> ,	
Address:	801 Brickell Avenue, Sui	fe 1050	
	Miami, F/ 33131	_	
this certificate, I am J	as registered agent to accept service of process amiliar with and accept the appointment as reg	gistered agent and a	
	Tenouera Warietur	7	1-29-13
	Required Signature/Registered Agent		Date
I submit this docume document to the Dep	ent and affirm that the facts stated herein are artiment of State constitutes a third degree felon	true. I am aware th ny as provided for in	at the false information submitted in a s.817.155, F.S.        29   / 3
	Required Signature/Incorporator	<del>· · · · · · · · · · · · · · · · · · · </del>	Date