

# P150000021006

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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  
STELLA'S SWIM & SPORTWEAR CORP.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

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1-5-15

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

**ARTICLE I NAME:** The name of the corporation is:

Stella's Swim & Sportswear corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5425 SW 77<sup>th</sup> Ct Apt. 106D

Miami FL 33155

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

President - Sabrina Fernandez

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

5425 SW 77<sup>th</sup> Ct Apt. 106D

Miami FL 33155

Sabrina Fernandez

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

5425 SW 77<sup>th</sup> Ct Apt. 106D

Miami FL 33155

Sabrina Fernandez

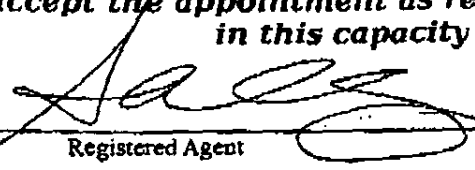
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 15 JAN 05 BY 1111/55

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**Required Signatures:**

**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**

  
 \_\_\_\_\_  
 Registered Agent

\_\_\_\_\_  
 1/5/15  
 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.**

  
 \_\_\_\_\_  
 Incorporator

\_\_\_\_\_  
 1/5/15  
 Date

15 JAN -5 01:11:55  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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