City State ZIP Phone Charter Number Only

CORPORATION(S) NAME

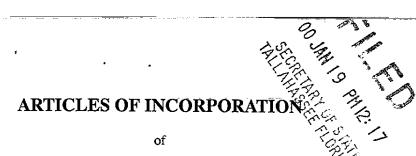
W.P. Verifier

CR2E031 (R8-85)

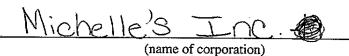
600003102366--0 -01/19/00--01039--007 ******78.75 ******78.75

600**0003**/10020966670 *****78.75 *****78.75

		Ā _{ro}
		OO JAN SECRE
		SSEE FLERI
) Profit) NonProfit	() Amendment	() Merger
) Foreign	() Dissolution	() Mark
) Limited Partnership) Reinstatement	() Annual Report () Reservation	() Other () Change of Registered Agent
Certified Copy	() Photo Copies	() Certificate Under Seal
) Call When Ready Walk in () Wi	() Call if Problem	() After 4:30 p () Mail Out
me aliability cument aminer dater	SS: 6 MA 6 SINTER SINTE	I HARETTE SOUTH



of



The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

The name of the corporation is:	ARTICLE I - CORPORATE NAME name of the corporation is:				
	Michelle's	s Inc.			
	APTICLE II I	OLID AMION			
	ARTICLE II - L				
This corporation shall exist perpetually unless dissolved according to Florida law.					
	ARTICLE III -	PURPOSE			
The corporation is organized for the United States and the State of Flor	ne purpose of engaging in any ida.	activities or business permitted under the	laws of the		
The corporation is authorized to is		PITAL STOCK ()shares (0, b 0 of h shall be designated "Common Shares".			
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT					
The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:					
NAME EVOYAPLA L	otharop				
ADDRESS 225 N	USS Terc	-2895 11, Sundise	Blud		
CITY LAUTER WITH	-FT LAUY.	FLORIDA	ZIP 33313		
The principal office, if known, or t	he mailing address of the cor	poration is:			
NAME FURTAGE &	Lotharop -	· Michelle's INC			
ADDRESS 2225 NU	uss lerr.				
CITY LAUderhill		FLORIDA	ZIP 33313		

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have One (directors initially. The number of	directors may be either
increased or diminished from time to time by the By-La of the initial director(s) of the corporation are as follows	s:	The names and addresses
NAME EVAngela Cotharof	<u></u>	-
ADDRESS 2225 DUSSTER	, - 	
city LAUderhill, FL	STATE (ZIP / SOL
NAME		
ADDRESS		
спу	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
ARTICLE V	I I - INCORPORATORS	
The names and addresses of the incorporators signing t	hese Articles of Incorporation are as foll	ows:
)	
NAME EVATORIA LOTTOP		
ADDRESS 2025 NW SD 16	, L.C.	20013
CITY 1 QUITECHILL	STATE TOPICA	21P 33315
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
IN WITNESS WHEREOF, the undersigned subscriber	r(s) have executed these Articles of Incor	poration this <u>1-(8-2</u> 000
day of, 19		
	O I SA	
	mey la jour le	(Seal)
		(Seal)
		(Seal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Michelle)S_	Inc.
	(name)	of carporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at <u>3875 b) Sunrise Blvd</u>

Fort Laurier dale, Florida <u>33311</u>

has named <u>Evangela lotharof</u>

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)