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00bc 1	ines Apparel Cor Proposed corporate r	rp. name ² must include su	uffix)		
Encl d is an origina for: \$70.00 Filing Fee	I and one (1) co \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	and a check	
FROM:	2091/ C PEMBROKE City 954-9	MARCECA (printed or typed) 10 MN SON S Address 21 Prints y, State & Zip 728-546 Telephone number	1NO 15 # 107 PL- 33029 25	FEB 14 M IO: 22 LICANIASSILE, FLORIDA 7	FILED

W-913

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

JA 2-15-08



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 13, 2000

JAMES MARCELLINO 20911 JOHNSON STREET #107 PEMBROKE PINES, FL 33029

We have received your document for D. G. ENTERPRISES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Cheryl Gallmon-Case Document Specialist

Letter Number: 200A00001974

ARTICLES OF INCORPORATION

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:

D.G. Pines APPAREL CORP.

ARTICLE II PRINCIPAL OFFICE

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

20911 JOHNSON ST #107 PEMBROKES PINES FL 33029 OO FEB IL MID 2
SECRETARY OF STATE

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

LENNOX CAMPBELL
8166 NW 15th MANOR
PLANIATION FL. 33322

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

JAMES MARCELLINO 20911 JOHNSON ST. #107 PEMBROKER PINGS, FL. 33029

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24 day of DECAMBER , 1999.

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:							
K		D.G.	Pines	APPAREL	Coep.			
2.	The name and address of the regist LENNOX 8/66 X (P.O. Box	(NAME) (NAME) (NAME) (NAME)	MANO NOT ACCEPTA	ASSEE, FLOR	FILED 00 FEB I4 AM ID: 23			
(CITY/STATE/ZIP)								

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.

(SIGNATURE)

(DATÉ)