# OFFIT ONICE OF SERVE, INC (Requestor's Name) 1000 PONCE DE LEON BLVD. STE: 112 (Address) SD00003151375--2

CORAL GABLES, FL 33134 (305)444-4994 (City, State, Zip) (Phone #) 500003151375--2 -02/29/00--01040--014 \*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

# CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

VISACE (Corporation Name)	(Document #)
	(Document#)
(Corporation Name)	(Document#)
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(Corporation Name)	(Document #)
Walk in Pick up time	(Document #)  Certified Copy
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Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit .	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal (
Other	Merger
OTHER FILNGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement Trademark
	Trademark 709



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 29, 2000

EXPRESS CORPORATE FILING SERVICE 1000 PONCE DE LEOM BLVD. SUITE 112 CORAL GABLES, FL 33134

SUBJECT: VISAGE, INC. Ref. Number: W00000005462

We have received your document for VISAGE, INC.. However, the document has not been filed and is being returned for the following:

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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 100A00011027

# CERTIFICATE OF INCORPORATION OF

OO MIR-6 PH 12: 29
SECRETARY SEE FLORIDA

VISAGE DESIGNS, INC.

We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida. Providing for the formation, rights privileges immunities and liabilities of incorporation for profit.

### ARTICLE I

The name of the corporation should be:

VISAGE DESIGNS, INC.

# ARTICLE II

The corporation will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

### ARTICLE III

The maximum number of shares which the corporation is authorized to issue and have outstanding at any one time is 100 shares of common stock, which shares shall be of non par value. All stock is to be issued as fully paid and exempt from assessment.

### ARTICLE IV

The pledge, sale, transfer or other disposition of the capital stock may be governed and restricted by the by-laws or written agreement among the stockholders which shall be on file in the office of the corporation.

### ARTICLE V

The amount of capital with which its corporation may begin doing business shall be not less than five hundred dollars (\$500.00)

# ARTICLE VI

The existence of the corporation is perpetual.

### ARTICLE VII

The initial post office address of the principal office of the corporation in the State of Florida is 15455SW 75<sup>TH</sup> CIRCLE LANE BUILDING #8 APT#216 MIAMI, FL 33186 The board of directors may from time to time move the principal office to any other address in the State of Florida. The registered address of the corporation is 15455 SW 75 CIRCLE LANE BUILDING #8 APT#216. The registered agent at the address is

# **NORA ELENA SANCHEZ**

### ARTICLE VIII

The business of the corporation shall be managed by a board of directors consisting of no less than one nor more than five directors. A quorum for the holding of a meeting of the board of directors and for the transactions of any business which will be properly done by the directors on behalf of the corporation shall consist of majority of members thereof; but the directors, by unanimous consent in writing, included among the minutes of the corporation, may consent to the doing of any act and such consent in writing shall have the same force and effect as though the said act had been done and authorized at a meeting at which a quorum had been present, or such duties may be delegated to an executive committee.

# ARTICLE IX

The names and post office of the members of the first board of directors and the slate of corporate officers are as follows:

NORA ELENA SANCHEZ PRESIDENT

15455 SW 75 CIRCLE LANE BUILDING #8 APT#216 MIAMI FL 33186

GLORIA LUCIA LOTERO-DIAZ 15455 SW 75 CIRCLE LANE **VICE PRESIDEN** 

BUILDING #8 APT#216 MIAMI FL 33186

### ARTICLE X

THE STOCK OF THE CORPORATION MAY BE ISSUED PURSUANT TO THE PROVISIONS OF SECTION 1244 OF THE INTERNAL REVENUE SERVICE THE BENEFITS PROVIDED THEREUNDER.

IN WITNESS WHEREOF, WE THE INCORPORATORS HEREUNTO SET OUR HANDS AND SEALS, THIS 24TH DAY OF REBRUARY 2000

NORA ELENA SANCHEZ *15455 SW 75 CIRCLE LANE* BUILDING #8 APT#216

**MIAMI FL 33186** 

GLORIA LUCIA LOTERO-DIAZ 15455 SW 75 CIRCLE LANE BUILDING #8 APT#216

**MIAMI FL 33186** 

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of the section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida. The name of the corporation is VISAGE. Desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at city of Miami, State of Florida has named: NORA ELENA SANCHEZ located at 15455 SW 75 CIRCLE LANE BUILDING#8 APT#216 MIAMI FL 33186 agent to accept process in State of Florida County of Dade.

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 statues 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.

NORA ELENA SANCHEZ REGISTERED AGENT

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SECRETARY OF STATE
TALLAHASSEE FLORING