PCOOO 46335 Requester's Name Leonardo Falero 5041 West Flagler St Suite No. 4 Mlami, Florida 33134 City/State/Zip Phone # 60003242326-5 -05/08/00-01068-010 ******78.75 ******78.75

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

1.	(Corporation Name)	And the state of t
	(Corporation Name)	(Document #)
2.	(Corporation Name)	(Document #)
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3.	(Corporation Name)	The state of the s
	(corporation reality)	(Document #) FLOST 7
4	(Corporation Name)	(Document #)
	☐ Walk in ☐ Pick up time _ ☐ Mail out ☐ Will wait	Certified Copy Photocopy Certificate of Status
<u>N</u>	NEW FILINGS	<u>AMENDMENTS</u>
	Profit Not for Profit Limited Liability Domestication Other	 □ Amendment □ Resignation of R.A., Officer/Director □ Change of Registered Agent □ Dissolution/Withdrawal □ Merger
<u>C</u>	OTHER FILINGS	REGISTRATION/QUALIFICATION
	Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION POMELLI ACCESSORIES, CORP.

The undersigned incorporate, for the porpoise of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLES I NAME:

The name of the corporation shall be:

POMELLI ACCESSORIES, CORP.

ARTICLE II PRINCIPAL OFFICE:

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

5041 West Flagler Street Suite No. 4 Miami, Florida 33134

ARTICLES III SHARES:

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

100 SHARES OF \$5.00 EACH

ARTICLE IV INITIALS REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street of the initial registered agent are:

Leonardo Falero 5041 West Flagler St Suite No. 4 Miami, Florida 33134



ARTICLE V INCORPORATOR:

The name and address of the INCORPORATOR to these Articles of incorporation are:

Leonardo Falero 51 5041 West Flagler Suite No.4 Miami, Florida 33134

100 SHARES

PRESIDENT

signature/Agent/Incorporator

Leonardo Falero

Having been named as registered agent and to accept services of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registred 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 perfomance of my duties, and I am familiar with and accept the obligations of my position as registred agent.

Department of State Division of Corporations PO Box 6327 Tallahasse, Fl 32314

Public Acces Account Coordinator Divisiom of Corporations 409 East Gaines Streer Tallahassee, FI 32399

POMELLI ACCESORIES, CORP