

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839

Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

ATLANTIC EDGE FASHIONS, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

OF

ATLANTIC EDGE FASHIONS, INC.

The undersigned incorporator(s), for the purpose of forming a Corporation for Profit under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be: ATLANTIC EDGE FASHIONS, INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 14819 SW 139 Court Miami, Florida 33186.

ARTICLE III: PURPOSE

The purpose of this corporation shall be: Any and all lawful business related to fashion, clothing, and accessories specifically sales, import, export and related activities.

ARTICLE IV: CAPITAL STOCK

The number of shares of stock that this comporation is authorized to have outstanding at any one time is: 500 shares at \$10.00 par value.

ARTICLE V: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

LOURDES CORVO 15450 New Barn Road, Suite 302 Miami Lakes, Florida 33014

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SECRETARY OF STATE
TALLAHASSEE, FLORIO

ARTICLE VI: BOARD OF DIRECTOR(S)

The name and address of the initial board of directors shall be:

Alessandro Spada Nuria Spada 14819 SW 139 Court Miami, Fl 33186 14819 SW 139 Court Miami, Fl 33186

ARTICLE VII: OFFICER(S)

The name, title and address of the officers of this corporation shall be:

NAME	TITLE	ADDRESS
Nuria Spada	President/ Treasurer	14819 SW 139 Court Miami, Florida 33186
Luis J. Alfaro	Vice President/ Secretary	14819 SW 139 Court Miami, Florida 33186

ARTICLE VIII: INCORPORATOR (S)

The name and address of the incorporator(s) to these Articles of Incorporation shall be: Lourdes Corvo 15450 New Barn Road, Suite 302 Miami Lakes, Florida 33014

The undersigned has (have executed these Articles of Incorporation this _____ day of _____, 2000.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISPERED ACENT Lourdes Corvo, P.A. 15450 New Barn Road

Suite 302

Miami Lakes, Florida 33014

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