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TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

900003430209--2  
-10/19/00--01094--013  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

**CONCEPT MERCHANDISING, INC.**  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Farouk Arbid  
Name (Printed or typed)

245 SE 1<sup>st</sup> Street - Suite # 220  
Address

Miami, FL 33131  
City, State & Zip

954 336-6667  
Daytime Telephone number

FILED  
00 OCT 19 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

CB 10-20

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

CONCEPT MERCHANDISING, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

245 SE 1<sup>ST</sup> STREET SUITE # 220  
Miami, FL 33131

### ARTICLE III PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business permitted under the laws of the United States and of the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is: This corporation is authorized to issue 500 shares of \$1.00 par value common stock, which shall be the only class of shares.

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

This corporation shall have at least one director. The name and address of the initial director is Farouk Arbid, 245 SE 1<sup>st</sup> Street – Suite # 220, Miami, FL 33131. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one. The initial officer is: Farouk Arbid – president and secretary – treasurer, 245 SE 1<sup>st</sup> Street – Suite # 220, Miami, FL 33131

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

The name of the initial registered office and initial registered agent of this corporation is Farouk Arbid, 245 SE 1<sup>st</sup> Street – Suite # 220, Miami, FL 33131

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Farouk Arbid 245 SE 1<sup>st</sup> Street – Suite # 220, Miami, FL 33131

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Farouk Arbid  
Signature/Registered Agent

10-17-00  
Date

Farouk Arbid  
Signature/Incorporator

10-17-00  
Date

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00 OCT 19 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA