

PD1000022293

TRANSMITTAL LETTER

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

200003790222--6
-02/28/01--01104--005
*****87.50 *****87.50

SUBJECT: DESIGNER "D" OUTLET, INC.
Proposed Corporate Name - Must include Suffix

EFFECTIVE DATE

02-21-01

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

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

ADDITIONAL COPY REQUIRED

FROM: CHARLES AMSE

11401 N.W. 12TH STREET #380

MIAMI, FL. 33172

(954) 455-8575

FILED
01 FEB 28 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3-2-01

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:

DESIGNER "D" OUTLET, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailing address is:

11401 N.W. 12th Street #380
Miami, Fl. 33172

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business for which the corporation may be incorporated under chapter 607, Florida Statutes

ARTICLE IV - SHARES

The number of shares of stock is:

1000 shares common stock 1.00 dollar par value per share

ARTICLE V - INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Charles Amse
11401 N.W. 12th Street #380
Miami, Fl. 33172

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TALLAHASSEE, FLORIDA

EXPIRATION DATE
02-21-01

ARTICLE VI - REGISTERED AGENT

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

Charles Amse
11401 N.W. 12th Street #380
Miami, Fl. 33172

ARTICLE VII - INCORPORATOR

The name and address of the incorporator is:

Charles Amse
11401 N.W. 12th Street #380
Miami, Fl. 33172

ARTICLE VIII - AN EFFECTIVE DATE

The Effective Date of the Corporation should be 5 days prior to the date of receipt.

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

Signature Registered Agent

Date

Signature Registered Agent

Date

FILED
01 FEB 28 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA