

TRANSMITTAL LETTER

PO1000026354

FILED

01 MAR -9 AM 11:15

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800003828728--2  
-03/09/01--01107--011  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Family Fashions, Corp.  
(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: Jack Chang  
Name (Printed or typed)  
95-13 Roosevelt Avenue  
Address  
Jackson Heights, NY 11372  
City, State & Zip  
(718) 898-7006  
Daytime Telephone number

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

\* Please mail to above address.

Thank you !

CB3-14

**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: Family Fashions, Corp.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: 1457 NW 34th St.  
Miami, FL 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation shall engage in any activity or 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: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): Elucia Joachin Cruz  
1457 NW 34th St.  
Miami, FL 33142

ARTICLE VI REGISTERED AGENT

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

Elucia Joachin Cruz  
1457 NW 34th St.  
Miami, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Elucia Joachin Cruz  
1457 NW 34th St.  
Miami, FL 33142

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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*

*Elucia J Cruz*

Signature/Registered Agent

*3/2/01*

Date

*Elucia J Cruz*

Signature/Incorporator

*3/2/01*

Date