TRANSMITTAL LETTER

Department of State Division of Comparations

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

SUBJECT: (PROPOSEI		ENAME-MUST INCI	LUDE SUFFIX)		
Enclosed is an original and one(1) copy	of the article	-	30000419 -05/09/01- *****78.7 a check for :	1,757 5 *****	—— 1 -015 ⊧78.75
S70.00 S78.75 Filing Fee Filing Fee & Certificate of	Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM: Mick 6009 DAVie	Name (Print Sw 2 Add Add City, St. 4) 584	ARGAS Inted or typed) 34W CT Idress Lipa 33 Late & Zip A974 Ephone number	TAILAHASSEE, FLORIDA	OI MAY -9 PM 1:39 SECRETARY_OF STATE	ĖLED

F. CHESSER MAY 1 5 2001

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

J			
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:	р		
EL Lerele INC.			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:			•
6009 SW 34th Ct DAVIG PL.	333 (1	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	. ·	•	
TO DO RETAIL Busines of DANCING	GARM	A & etus	COSONIOS
ARTICLE IV SHARES The number of shares of stock is:	- var-	·	-
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s) and address(es):		7 20 □	
Molle		MAY -9 PM ECHETARY OF S LLAHASSEE, FLC	Ħ
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:		STATE STATE	. :
Mick D. UARBAS			
DAVIC PL 33314. ARTICLE VII INCORPORATOR			
The name and address of the Incorporator is:	-	•	
boxon sw 34th of			
**************************************	poration at the	place designated	
Certificate, 1 am juniant was and acceptance appointment of the control of the co	5/	5/01	
Signature/Registered Agent	Date	1	
Signature/Incorporator	Date	101	. · · · · · · ; - · .
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