Molbs

RESS CORPORATE FILING SERVICE INC. EX (Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101 (Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip) (Phone #) 900004471449--2 -07/12/01--01045--017 ******78.75 ******78.75

Examiner's Initials

OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Photocopy Certificate of Status AMENDMENTS NEW FILINGS **Profit** Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger OTHER FILNGS REGISTRATION QUALIFICATION Annual Report Foreign **Fictitious Name** Limited Partnership Name Reservation Reinstatement

Trademade

Other

Date JULY 10, 2001

	Date	3001 10, 2001	
Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		<u>.</u> 	· ·
Re	ABSOLU-PARIS	, CORP.	Inc.
	(name of co	poration)	
Gentlemen: Enclosed please find the originate check in the amount of \$	ginal and one copy	of Articles of Incorporation, tog	ether with my
This represents the cost of the Fee for Registered Agent De	he Filing Fees, Cer esignation for the a	tified Copy of Articles of Incorpabove named corporation.	oration and
	Very truly	yours,	
		(individual's nam	ne)
		ABSOLU-PARIS, CORP	•
		(name of corpora	ation)
·		MAILING ADDRESS OF CORPORA	ATION
		MIAMI, FLORIDA 33126	_
		PHONE	
		Area Code Phone Number	Ext.

ARTICLES OF INCORPORATION

ABSOLU-PARIS, CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

ABSOLU-PARIS, CORP.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

•	ARTICLE IV - CAPITAL	STOCK			
The corporation is authorized to issue	FIVE HUNDRED	shares (500) of	ONE
Dollar(s) (\$ 1.00	par. value Common Stock,	which shall be	designated	"Comm	on Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	CINDY	DIAZ						
ADDRESS	755 NW	72 AVE.,	STE 19					
CITY	MIAMI			STATE	FLORIDA	ZIP	33126	

The principal office, if known, or the mailing address of the corporation is:

NAME	ABSOLU-PARIS, C	ORP.			-			
ADDRESS	755 NW 72 AVE.,	STE :	19					
CITY	MIAMI			STATE	FLORIDA	ZIP	33126	

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less that one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	CINDY	DIAZ		PRESIDENT	,			
ADDRESS	755 NW	72 AVE.,	STE 19					
CITY	MIAMI			STATE	FLORIDA	ZIP	33126	
NAME				-				-
ADDRESS						 .		
CITY				STATE		ZŢP		
NAME			,		*			
ADDRESS		-					- -	
CITY				STATE		ZIP		

Article VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

DDRESS	CINDY DIAZ						,
ITY	MIAMI	STATE	FLORIDA	ZIP	33126	<u> </u>	-
AME							
DDRESS	and and the second of the seco						i
ITY	namental N. J. S. S. St. and Millians Section 5	STATE	H-133 N	ZIP			,
AME	<u>-</u>						
DDRESS							
 ITY	manuskad (1991) - Longella 17 - m. noo Halle 11 s. moonaaliterprom	STATE		ZIP			
N WITNES	S WHEREOF, the undersign JULY	ned subscriber (s) have	ve executed the	se Articles	of Incorpora	tion this 10	 _:
			<u> </u>		_ / _		
			•		<u> </u>	(Seal)	
						(Seal)	å∙. ፣
						(Seal)	
STATE OF	F FLORIDA)	·			_	- Las
		SS					
	OF MIAMI-DADE					at acce	
before me, personally	a Notary Public authorized appeared CIND		nents in the Sta	te and Co	inty set torth	above,	
						:	· - ·
	Signature		PERSONALLY	Form of Ide	ntification	-	
			· · · · · · · · · · · · · · · · · · ·			 _	_T+1
	Signature			Form of Ide	ntification		
	Signature			Form of Idea	tification		
	SHE executed to med person (s) who executed to executed to executed to executed to executed person (s) who executed to execute the executed				edged hefore of identifica	lion	
NOTATR	Y RUBBER STAMP SEAL	Witness my har	nd and official seal i	n the County	and State last afo	oresaid this	
		. 10	day of	JULY .	ХX	2001	

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

ABSOLU-PARIS,	CORP.
---------------	-------

(name of corporation)

Pursuant to Fiorida Statutes Sections 48.031 and 007.0301, the following is submitted.
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation
at755 NW 72 AVE., STE 19
MIAMI, FLORIDA 33126
has named CINDY DIAZ

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.



O1 JUL 12 PM 2: 34
SECRETARY DE STATE
TALLAHASSEE ET STATE