

FD100076639

OFFICE USE ONLY

## LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

500004512445--5

-08/02/01--01009--027

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PONS DE VINCENT DESIGNS, INC.

(Corporation Name)

(Document #)

2. \_\_\_\_\_

(Corporation Name)

(Document #)

3. \_\_\_\_\_

(Corporation Name)

(Document #)

4. \_\_\_\_\_

(Corporation Name)

(Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED  
01 AUG -2 AM 10:18  
DIVISION OF CORPORATION

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
01 AUG -3 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WDI-17886  
PS 8/2/07

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 2, 2001

LAZARUS CORPORATE FILING SERVICE  
3320 SW 87 AVENUE  
MIAMI, FL

SUBJECT: PONS DE VINCENT DESIGNS, INC.  
Ref. Number: W01000017886

We have received your document for PONS DE VINCENT DESIGNS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6915.

Pamela Smith  
Document Specialist  
New Filings Section

Letter Number: 601A00044736

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 AUG -3 AM 10:50  
NOT RECORDED  
NO ACKNOWLEDGE  
SUFFICIENT FOR FILING

**ARTICLES OF INCORPORATION**

**OF**

**PONS DE VINCENT DESIGNS, INC.**

FILED  
01 AUG - 3 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned, desiring to form a corporation under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida, providing for the formation, liabilities, rights and privileges and immunities of corporations for profit, certifies that:

**ARTICLE I - NAME**

The name of this corporation is: **Pons de Vincent Designs, Inc.**

**ARTICLE II - EXISTENCE**

This corporation shall have perpetual existence.

**ARTICLE III - PURPOSE**

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

**ARTICLE IV - CAPITAL STOCK**

This corporation is authorized to issue one hundred (100) shares of common stock, each having a par value of no par, which shall be designated as common shares.

**ARTICLE V - ADDRESS**

The street address and mailing address of the principal office of this Corporation is:

2000 South Dixie Highway, Suite 100-M  
Miami, Florida 33133

and the name of the initial registered agent of this corporation at that address is:

Michel Huysman  
Attorney at Law

who hereby is familiar with and accepts the duties and responsibilities as registered agent for said corporation.

#### **ARTICLE VI - DIRECTORS**

This corporation shall have one director initially. The number of directors may either increase or diminish from time to time in accordance with the by-laws but shall never be fewer than one (1). The name and address of the initial director of this corporation is:

Alain Pons de Vincent

The principal corporate office is at:

2000 S. Dixie Highway, Suite 100-M  
Miami, Florida 33133

#### **ARTICLE VII - SUBSCRIBERS**

The name and address of the Incorporator signing these Articles of Incorporation is: Alain Pons de Vincent, 2000 S. Dixie Highway, Suite 100-M, Miami, Florida 33133.

#### **ARTICLE VIII - ALIENATION OF SHARES**

No shareholder of the Corporation may sell or transfer his shares to another without first offering them to the other shareholders of the Corporation, and he must offer them at the same price.

### **ARTICLE IX - BY-LAWS**

The power to adopt, alter, amend or repeal by-laws of this Corporation shall be vested in the Board of Directors and Shareholders.

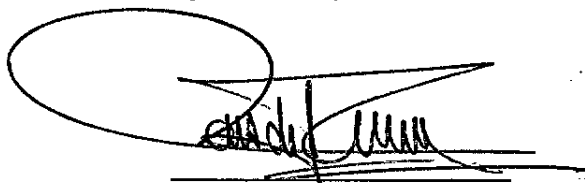
### **ARTICLE X - DIRECTORS' COMPENSATION**

The Shareholders of this Corporation shall have the exclusive authority to fix the compensation of the Directors of the Corporation.

### **ARTICLE XI - AMENDMENT OF ARTICLES**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation,



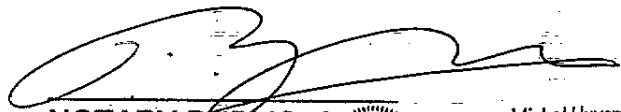
INCORPORATOR

STATE OF FLORIDA     )

COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, personally appeared Alain Pons de Vincent, to me well known and known to me to be the individual described herein and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS, my hand and official seal in the County and State named above, this 25th day of July, 2001.



NOTARY PUBLIC, State of Florida at Large  
My Commission Expires May 2, 2005  
BONDED THRU TROY FAIR INSURANCE, INC.

THE UNDERSIGNED hereby notifies that he has accepted the position and agrees to act as Registered Agent for Pons de Vincent Designs, Inc.



MICHEL HUYSMAN, ESQ.

SWORN TO and subscribed before me this 25th day of July, 2001.

NOTARY PUBLIC, State of Florida at Large  
My Commission Expires:

FILED  
01 AUG -3 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA