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### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To: Division of Corporations Fax Number : (850) 205-0381

Account Name : BUSINESS WORLD TRANSACTIONS, INC. Account Number : 104512000707 Phone : (305)266-4080 Fax Number : (305)264-0232

## FLORIDA PROFIT CORPORATION OR P.A.

#### TELLINGS, INC.

MEMORIES LINGERIE, INC.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 13, 2001

EUSINESS WORLD

SUBJECT: FEELINGS, INC.

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# H010000 89334

### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be . MEMORIES LINGERIE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9815 N.W. 32 ST MIAMI, FL. 33172

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated &COMMON SHARES.

#### ARTICLE IV

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GUSTAVO JARAMILLO 9815 N.W. 32 ST MIAMI, FL. 33172

Prepared by: GUSTAVO JARAMILLO

9815 N.W. 32 ST MIAMI, FL. 33172 (786) 942-0751

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SECRETARY OF STATE
ANASSIE, FLORIDA

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#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

GUSTAVO JARAMILLO 9815 N.W. 32 ST MIAMI, FL. 33172

SEBASTIAN JARAMILLO 9815 N.W. 32 ST MIAMI, FL. 33172 DIRECTOR & PRESIDENT

-VICE-PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of HOGUS ) , 200 (b)

Signature /

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: MEMORIES LINGERIE , INC.
- 2. The name and address of the registered agent and office is:

GUSTAVO JARAMILLO 9815 N.W. 32 ST MIAMI, FL. 33172 O1 AUG IL PH 3: 57
SECRETARY OF STATE
TALLAHASSEE, FLORID.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

(DATE)

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