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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

LE NOUVEL PARFUM, INC.
The Fashion Perfume, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

FILED
01 NOV 14 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight NOV 14 2007

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**ARTICLES OF INCORPORATION
OF
LE NOUVEL PARFUM, INC.**

FILED
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TALLAHASSEE, FL
SECRETARY OF STATE

I, the undersigned, hereby sign these Articles for the purpose of becoming a corporation for profit under the laws of the State of Florida, and do hereby certify that I have become such corporation under and pursuant to the following Articles of Incorporation:

ARTICLE I

The name of the corporation is: Le Nouvel Parfum, Inc.

ARTICLE II

The general nature of the business to be transacted by said corporation shall be all purposes allowed under the laws of the State of Florida and the United States of America, specifically, the design of fashion accessories.

ARTICLE III

The original capital stock of this corporation shall be 100 shares with \$1.00 per value, all of which shall be common stock and shall be fully paid and non-assessable. All such stock shall be payable in cash, property, labor or services at a just valuation to be fixed by the Board of Directors.

ARTICLE IV

The amount of capital with which the corporation shall begin business shall not be less than: \$100.00

ARTICLE V

The corporation shall have perpetual existence.

ARTICLE VI

The initial principal place of business of this corporation Will be: 1530 NW 128th Drive, Suite 108, Sunrise, FL 33323.

ARTICLE VII

The number of Directors of this corporation shall be not less than One (1).

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ARTICLE VIII

The names and post-office addresses of the first officers and Board of Directors of this corporation, who shall hold office for the first year or until their successors are chosen and qualified shall be:

Name: Gonzalo R. Salazar President
Address: 1530 NW 128th Drive, Suite 108, Sunrise, FL 33323.

Name: Roxana Salazar Vice President/Secretary
Address: 1530 NW 128th Drive, Suite 108, Sunrise, FL 33323.

The name and post-office addresses of the subscribers to capital stock are as follows:

Name: Gonzalo R. Salazar 50%
Address: 1530 NW 128th Drive, Suite 108, Sunrise, FL 33323.

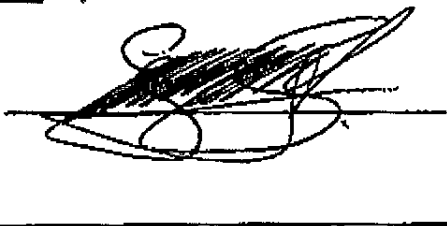
Name: Roxana Salazar 50%
Address: 1530 NW 128th Drive, Suite 108, Sunrise, FL 33323.

ARTICLE IX

The name and address of the initial registered agent and office of this corporation is as follows:

GONZALO R. SALAZAR
1530 NW 128th Drive
Suite 108
Sunrise, FL 33323

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Corporation at Fort Lauderdale, Broward County, Florida, for the use and purposes aforesaid this ____ day of October, 2001.



STATE OF FLORIDA }
 } SS:
COUNTY OF BROWARD }

BEFORE ME, the undersigned authority, this day personally appeared, Gonzalo Salazar
who is known and known to be the person described in and who executed the foregoing Articles
of Incorporation, and she acknowledged before me according to law that she made and
subscribed the same for the uses and purposes herein mentioned and set forth.

WITNESSED my hand and seal this 30 day of October, 2001.

Pollyanna Mayri Garcia
NOTARY PUBLIC, State of Florida

My commission expires: 02/19/05



I.D. Provided: Florida DL
Drivers License #: S 426-280-51-338-0
Personally known: _____
Other: _____

Certificate designation, place of business or domicile for the service of process within
Florida, naming agent upon whom process may be served:

In compliance with Section 48.091, Florida Statutes, the following is submitted:

First--that: Le Nouvel Parfum, Inc.

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Desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the City of Sunrise, State of Florida;

Has named: GONZALO R. SALAZAR
1530 NW 128th Drive
Suite 108
Sunrise, FL 33323

as it's Agent to accept service of Process within the State of Florida.

Signature: _____

Corporate Officer

Title: PRESIDENTDate: 10-30-01

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Signature: _____

Registered Agent

Date: 10-30-01

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TALLAHASSEE, FLORIDA

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