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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

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

Fax Number

: (305)634~3694 : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

D'CORATIF, INC.

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ARTICLES OF INCORPORATION

D'CORATIF, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

D' CORATIF, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

1215 SW 7" Steet Migui, FC 33135

ARTICLE IV

The general nature of business of this corporation is to transact any and Jewlezy company ARTICLE V all lawful business.

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of \$ / 00/kg

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Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

Theodore A. Succebe 1215 SW 7th SUEEt Liani, FC 33135

ARTICLE VII

The name and address of the initial board of director(s) shall be:

Theodore A. Sweebe 1215 Sw. 74 Street Miani, FL 33135

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

Theodore A Sweet 1215 5W & Fleet 1215 5W 7th Fleet

INCORPORATOR

YEN.

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CERTIFICATE OF DESIGNATION 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.

First that	D ECO	RATIF, I	NC		•	
 		(Name of C		 }		
desiring to organize u	inder the laws				4	
				(Florida)		
with its principal office	e, as indicated	in the articl	es of incor	•	3S	
namedThe	OBE A.S			<u></u>		
	(Name of	Registered	Agent)			
located at 1215 50						
	(P.O. Box	Not Accept	able)			
City of <u>Hiani</u>	County of _	Dade	_ State of I	Fiorida, as	its	
agent to accept service	e of process v	within this st	ate.			
HAVING BEEN NAM SERVICE OF PROCE THE PLACE DESIGN THE APPOINTMENT THIS CAPACITY. PROVISIONS OF AL COMPLETE PERFORI AND ACCEPT THE C	SS FOR THE IATED IN TH AS REGISTE I FURTHER L STATUTES MANCE OF M	E ABOVE S IS CERTIFI RED AGEN AGREE S RELATING IY DUTIES,	TATED CO CATE, I HI IT AND AG TO COMF G TO THE AND I AM	PRPORATION OF THE PROPER PROPER PARTIES PART	ON ACCEPACE IN THE PARTY IN THE	YT PT IN IE ID 'H
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