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SECILE : STATE TALLAHASSEE, FLORIDA

# Florida Department of State

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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

MAY'S COLLECTION, INC.

Certificate of Status	0
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SEC. STATE TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

OF

#### MAY'S COLLECTION, INC

The undersigned, being of legal age and a natural person, do hereby subscribe to, acknowledge and file the following Articles of Incorporation for the purpose of creating a corporation under the law of State of Florida.

#### ARTICLE I - NAME

The name of the corporation shall be:

#### MAY'S COLLECTION, INC

## ARTICLE II - PRINCIPAL OFFICE

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

5880 COLLINS AVE APT # 702 MIAMI BEACH FLORIDA, 33140.

## **ARTICLE III - DURATION**

This corporation shall commence its existence immediately upon the filing of these Articles of Incorporation and shall exist perpetually thereafter unless sooner dissolved according to law.

## ARTICLE IV - PURPOSE

The corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida.

## ARTICLE V - AUTHORIZED SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 shares at \$ 1.00 (one dollar) each

# ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial office of this Corporation and Florida Street address of the initial registered agent is:

MARIA ISABEL GOMEZ 5880 COLLINS AVE APT# 702 MIAMI BEACH FLORIDA, 33140

# ARTICLE VII - INITIAL BOARD OF DIRECTOR

This Corporation shall have two directors initially. The number of directors may be either increased or diminished from time to time by the By-Law but shall never be less than one. The name and address of the initial directors of this Corporation is:

MARIA ISABEL GOMEZ (president) 5880 COLLINS AVE APT# 702 MIAMI BEACH FLORIDA, 33140

#### ARTICLES VIII - INCORPORATOR

The name and street address of the incorporator to these articles of incorporation is:

MARIA ISABEL GOMEZ 5880 COLLINS AVE APT# 702 MIAMI BEACH FLORIDA, 33140.

The undersigned incorporator has executed these Articles of Incorporation this  $\underline{6^{\text{TH}} \text{ DAY OF SEPTEMBER 2002}}$ .

MARIA ISABEL/GOWEZ

# ARTICLE IX - POWERS OF CORPORATION

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

IN WITNESS WHEREOF, I, the undersigned, being the incorporator hereinbefore named, for the purpose of forming a corporation to do business both within and outside the State of Florida, under the laws of Florida, make and file these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and hereunto sign my name on this 6<sup>TH</sup> DAY OF SEPTEMBER 2002.

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SECILATION FLORIDA

TALLAHASSEE, FLORIDA

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: MAY'S COLLECTION, INC
- The name and address of the registered agent and office is:

# MARIA ISABEL GOMEZ (Name)

5850 COLLINS AVE APT # 702

Address

MIAMI BEACH FL 33140.

(City/State/Zip)

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.

<u>09/00/02</u> (Date)

DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314.