

## Florida Department of State

Division of Corporations Public Access System

#### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000202143 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

Account Name : BERRIZ & GIRALDO P.A.

Account Number : I19990000017

: (305)485-9300

Phone Fax Number

: (305)485-1098

### FLORIDA PROFIT CORPORATION OR P.A.

PASHMINA FASHIONS, INC.

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

https://ccfssl.dos.state.fl.us/scripts/efilcovr.k

9/23/2002

Ho2 000 202 143-2

ARTICLES OF INCORPORATION

OF

#### PASHMINA FASHIONS, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

PASHMINA FASHIONS, INC.

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate

name:

PASHMINA FASHIONS, INC.

YOHIMA DEL CORRAL 4080 SW 84 AV MIAMI, FL 33155 305-4859300 Ho2 000 202 143 2

Hoz 000202 1432

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

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 V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

FREDDY T. GEDANO 9820 SHERIDAN ST SUITE # 305 PEMBROKE PINES, FL. 33024

The principal office shall be:

9820 SHERIDAN ST SUITE # 305 PEMBROKE PINES, FL. 33024

Ho2 000 202 143 2

Ho2 000 202 143 2 ARTICLE VI

The initial Board of Directors shall consist of a total of **TWO (02)** persons, and the name and address of the persons who are to serve as initial directors are:

NELLY A. CRUZ 9820 SHERIDAN ST SUITE # 305 PEMBROKE PINES, FL. 33024

PRESIDENT

FREDDY T. CEDANO 9820 SHERIDAN ST SUITE # 305 PEMBROKE PINES, FL. 33024

**VICEPRESIDENT** 

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

FREDDY T. CEDANO 9820 SHERIDAN ST SIJITE # 305 PEMBROKE PINES, FL. 33024

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 23 Day of SEPTEMBER, 2002.

FREDDY'T GEDANO

Hp2 000 202 1432

H020002021432

# CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 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:

#### PASHMINA FASHIONS, INC.

2. The Name and Address of the registered agent and office is

#### FREDDY T. CEDANO 9820 SHERIDAN ST SIJITE # 305 PEMBROKE PINES, FL. 33024

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 HERE:BY 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

Dated: SEPTEMBER 23, 2002

Ho2 000 202143 2