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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-10/07/02--01039--011
*****78.75 *****78.75

SUBJECT: Frami Import & Export Corp
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Dulce M. Cruz
Name (Printed or typed)

960 NE 158 St
Address

No Miami Beach, FL 33162
City, State & Zip

305-940-0917
Daytime Telephone number

FILED
2002 OCT -7 PM 3:51
STATE
TALLAHASSEE - FLORIDA

NOTE: Please provide the original and one copy of the articles.

10/8/02

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

2002 OCT -7 PM 3:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Frami Import & Export Corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8272 NW 66 St

Miami, Fl 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Import & Export Of Beauty Supplies
& Personal Cleaning Products & Health

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares @ \$1.00 Par Value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Dulce M. Cruz, Director

960 NE 158 St

No Miami Beach, Fl 33162

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Franklyn B. Cruz

2852 Dewey St

Hollywood, Fl 33020

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dulce M. Cruz

960 NE 158 St

No Miami Beach, Fl 33162

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date