

PO3000127620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

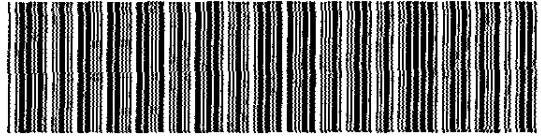
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Giovanna, Inc.  
(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: Giovanna S. Sanchez  
Name (Printed or typed)

10185 Collins Ave #309  
Address

Bal Harbour, FL 33154  
City, State & Zip

C-305-244-52860-305 360-1608  
Daytime Telephone number

W-305-651-2040


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

**ARTICLES OF INCORPORATION**


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

**ARTICLE I NAME**

The name of the corporation shall be:

DESIGN'S BY GIOVANNA, INC. **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

487 NE 167 ST N.   
North Miami Beach FL 33162**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

wholesale, retail, Flower + gift shop

**ARTICLE IV SHARES**

The number of shares of stock is:

5,000 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Giovanna Sanchez	10185 Collins Ave #309	President
Miguel Sanchez	14970 S. Biscayne Rv. Dr.	} Directors
Volanda Sanchez	Miami FL 33168	

**ARTICLE VI REGISTERED AGENT**

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

Giovanna Sanchez  
10185 Collins Ave #309 Bal Harbour FL 33154**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Giovanna Sanchez  
10185 Collins Ave #309 Bal Harbour FL 33154

\*\*\*\*\*

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 Agent11/5/03  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Signature/Incorporator11/05/03  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA