

Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number : 120000000238 Phone : (305)591~9448

Fax Number : (954)753-3447

FLORIDA PROFIT CORPORATION OR P.A.

LE FEMME, CORP.

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ARTICLES OF INCORPORATION

TALLAHASSEE FLORIDA

TO: SECRETARY OF STATE, STATE OF FLORIDA, TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the Corporation shall be:

LE FEMME, CORP.

The principal place of business of this corporation shall be:

2003 W Cypress Creek Road Suite 101

Fort Lauderdale, FL 33309

ARTICLE II NATURE OF BUSINESS

This corporation may engage in any business permitted under the laws of the United State, the State of Florida, or any other State, Country, Territory, or Nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address (es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are Maria Isabel Escuza whom resides at 2003 W Cypress Creek Road Suite 101 Fort Lauderdale, FL 33309.

ARTICLE VI INCORPORATOR(S)

Signature(s) of Incorporator(s)

Maria Isabel Escuza President/Incorporator

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

TALLAHASSEE FLORIDA

Pursuant to the provisions of Section 607.325, 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: LE FEMME, CORP.
- 2. The name and address of the registered agent and office is:

Maria Isabel Escuza 2003 W Cypress Creek Road Suite 101 Fort Lauderdale, Fl. 33309

TITLE: /Registered Agent

Date: //5/03

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

Date: 1/5/03