

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

: (850)205-0381 Fax Number

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.

STYLE FIVE, INC.

Certificate of Status	0
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Corporate Filing

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ARTICLES OF INCORPORATION OF

STYLE FIVE, INC.

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: STYLE FIVE, INC.

The principal place of business of this corporation shall be: 1034 SW. 12th. Avenue, Miami, Florida, 33130.

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ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawfulactivities or business permitted under the laws of the United States, 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:

100 all of which shall be common shares (\$1.00) per value each.

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) elected, is(are):

JOEL FALCON

PRESIDENT

1034 SW. 12th. Ave. Miami, Fl., 33130

Prepared by: CASTILLO & ASSOCIATES, INC. 542 SW. 12th. Ave. Ste. 5 Miami, Fl., 33130. (305) 649-3403

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

JOEL FALCON

1034 SW. 12th. Ave. Miami, Fl., 33130

Signature(s) of incorporator(s)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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.

The name and	d address of the registered agent and office I	s: £
JOEL FALCON	- 1034 SW. 12th. Avenue	=
	(P.O. BOX NOT ACCEPTABLE)	<u>-</u> !
	Miami, Fl., 33130	-
	(CITY/STATE/ZIP)	بر اون بو
-	SIGNATUREX Cateon	
	, TITLE PRESIDENT	

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.

SIGNATURE Lafcon	***
DAIF JULY 7th., 2004	