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TRANSMITTAL LETTER

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

SUBJECT: Detalle:	s Femeninos, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDDISUFFIX)	
Englased on on onio	singland and (1) carry of the arri	ialas of insarmaration and	In oback for	
Enclosed are an ong	ginal and one (1) copy of the arti	icles 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		
EROM: UN	Il Professional Assistance, Inc c/c	o Eugenio Yanez	<u>-</u>	
1 KOM	Name	(Printed or typed)		
	13541 SW 65th Ln	- :		
	= -	Address		
	Miami, FL 33183			
•	City,	State & Zip		
	(305) 206-1578		- * ·	
	Daytime T	elephone number		

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

ARTICLES OF INCORPORATION

OF

Detalles Femeninos, Inc.

FILE D 04 SEP 21 PH 2: 05 SECRETARY OF STATE

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 incorporator, 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:

Detalles Femeninos, 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 proposed 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: The main activity will be Retail sales of personal use and home articles.

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate name: Detalles Femeninos, Inc.

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:

Osvaldo G Castagnaro 5452 SW 144 Ct Miami, FL 33175

The principal office shall be:

5452 SW 144 Ct Miami, FL 33175

ARTICLE VI

The initial Board of Directors shall consist of a total of TWO (02) person, and the name and address of the person who is to serve as an initial director is:

Osvaldo B Castagnaro

PRESIDENT

5452 SW 144 Ct Miami, FL 33175

Patricia Castagnaro 5452 SW 144 Čt

Miami, FL 33175

SECRETARY

The name and address of the subscriber of the Corporation is:

Osvaldo B Castagnaro 5452 SW 144 Ct

100 %

5452 SW 144 Ct Miami, FL 33175

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

Osvaldo B Castagnaro 5452 SW 144 Ct Miami, FL 33175

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of

Incorporation this 15^h day of September 2004

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:

Detalles Femeninos, Inc.

2. The name and address of the registered agent and office is:

Osvaldo B Castagnaro 5452 SW 144 Ct Miami, FL 33175 FILE U

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SECRETARY OF STATE

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 HEREBY 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:

September 15th 2004