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To:

Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

maripat designs, inc.

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ARTICLES OF INCORPORATION

OF

MARIPAT DESIGNS, INC.

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The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

MARIPAT DESIGNS, ING.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

5800 NW 19th COURT MARGATE FL 33063

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are $\frac{100}{}$ shares having an individual par value of \$\frac{1.00}{}

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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 VI

The name and street address of the initial Registered Agent of this corporation shall be:

Robert A. Henry
8411 W Oakland Park Blvd
Suite 201
Sunrise FL 33351

ARTICLE VII

The name and address of the initial board of director(s) shall be:

Maripat Korenstein 5800 NW 19th Court Margate FL 33063

ARTICLE VIII

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

Robert A. Henry 8411 W Oskland Park Blvd Suite 201 Sunrise FL 33351

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

	MARIPAT DESIGNS, INC.	
•	(Name of Corporation)	_

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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.

REGISTERED AGENT

FILED

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UKLIARY OF STATE

LEAHASSEE, FLORIDA

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