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## LAZARUS CORPORATE FILING SERVICE

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3320 SW 87 <sup>TH</sup> AVENUE			
WIAMI, FL 33165 (305) 55	2-5973		
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#### ARTICLES OF INCORPORATION

OF

#### THE BEST OF ALL WEAR, CORP

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: THE BEST OF ALL WEAR CORP, ARTICLE II

The principal place of business and mailing address of this corporation shall be:

2715 NW 54 ST MIAMI FL 33147

#### ARTICLES III SHARES;

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One hundreds (100) of one dollar(s)(\$1.00)

#### ARTICLE IV

The name and address of the initial registered agent is:

ALLAN ORIENT 2715 NW 54 ST MIAMI FL 33147

ARTICLES V INCORPORATORS(S)

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

ALLAN ORIENT 2715 NW 54 ST MIAMI FL 33147

### **ARTICLES VI (DIRECTORS)**

#### **ALLAN ORIENT-PRESIDENTE**

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this APRIL 29, 2006.

CERTIFICATION OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 6170501, Florida Status, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

- 1. The name of the Corporation is: THE BEST OF ALL WEAR CORP
- 2. The name and address of the registered agent and office is:

ALLAN ORIENT 2715 NW 54 ST MIAMI FL 33147

HAVING BEEN NAME 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 REGITERED AGENT.

SIGNATURE

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