

P06000140386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

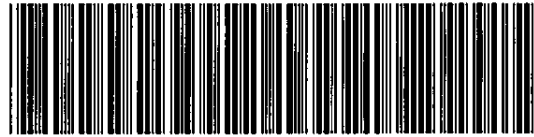
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600081036776

11/06/06--01004--022 \*\*236.25

MRS  
117

RECEIVED  
FILED  
06 NOV -6 AM 10:51 06 NOV -6 PM 12:21  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

FILED

06 NOV -6 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. PAMPERING CORNER, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION**

**FILED**

*In compliance with Chapter 607 and/or Chapter 621, F. S. (profit)*

06 NOV -6 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

**NAME**

The name of the corporation shall be :

**PAMPERING CORNER, INC.**

**ARTICLE II**

**PRINCIPAL OFFICE**

The principal place of business/mailing address of this corporations shall be :

2696 BOOT LANE  
WESTON, FL 33331

**ARTICLE III**

**PURPOSE**

The purpose for which the corporation is organized is to conduct business not prohibited by the Laws of the United States and the State of Florida.

**ARTICLE IV**

**SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Hundred Shares of One Dollar (\$1.00) per value common stock, which shall be designated **COMMON SHARES**.

## **ARTICLE V**

### **INITIAL OFFICERS/DIRECTORS**

The name(s) and address(es) of the first Board of Directors and Officers who shall serve until the first annual meeting of shareholders or until her successors are elected and qualified shall be :

<b>NAME</b>	<b>OFFICE</b>
<b>CECILIA APONTE VARGAS</b> 2696 BOOT LANE WESTON, FL 33331	President, Treasury
<b>TERESA FLORCZAK</b> 2696 BOOT LANE WESTON, FL 33331	Vice-President, Secretary

## **ARTICLE VI**

### **REGISTERED AGENT**

The name and Florida address of the initial registered agent is:

**GIL & CACERES & ASSOCIATES, INC**

**601 SW 57TH AVENUE SUITE H  
MIAMI, FL 33144**

FILED

06 NOV -6 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII**

**INCORPORATOR**

The name and address of the Incorporator is :

**GIL & CACERES & ASSOCIATES, INC**

**601 SW 57TH AVENUE SUITE H  
MIAMI, FL 33144**

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE  
DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT  
THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS  
CAPACITY.

  
\_\_\_\_\_  
Signature/Registered Agent

11/03/06  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/03/06  
Date