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Special Instructions to F	iling Officer:	

Office Use Only



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SECRETARY OF SIGN DIVISION OF CORPORATION

A 2006-40843

PHONE NO. : 305 5720805

Nov. 08 2006 12:26PM P2

Ry A WC60CCC48843

COVER LETTER

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

Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CC	PY REALIREST
FROM: A	LEJANDRA P MATAMO	DROS	
	Name	(Printed or typed)	
	21023 SW 85 PASS	Address	
	,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	MIAMI, FL 33189		· .
	City,	State & Zip	
	305-572-0805		

SUBJECT: SOLE MIO CLOTHING, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

SOLE MIO CLOTHING, INC

06 NOV -6 AM 9: 05

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is

21023 SW 85 PASS MIAMI, FL 33189

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CLOTHES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ALEJANDRA P MATAMOROS 21023 SW 85 PASS MIAMI, FL 33189

ARTICLE VI REGISTERED AGENT

The name and Planida etreet address (P.O. Box NOT acceptable) of the registered agent is.

ALEJANDRA P MATAMOROS

21023 SW 85 PASS MIAMI, FL 33189

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

ALEJANDRA P MATAMOROS

21023 SW 85 PASS MIAMI, FL 33189

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

Signature/Incomporator

Date

Date