# Florida Department of State

Division of Corporations Public Access System

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# FLORIDA PROFIT/NON PROFIT CORPORATION

CL FABRICS CORP.

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SLCRETARY OF STATE
TALLAHASSEE, FLORIDA

#### ARTICLES OF CORPORATION

OF

#### CL FABRICS CORP.

THE UNDERSIGNED SUBSCRIBER TO THESE ARTICLES OF INCORPORATION, DESIRING TO FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA, DOES HEREBY ACCEPT ALL THE RIGHTS AND PRIVILEGES, BENEFITS AND OBLIGATIONS CONFERRED AND IMPOSED BY SAID LAWS AND DOES HEREBY ADOPT THE FOLLOWING ARTICLES OF INCORPORATION AS THE CHARPTER OF THE CORPORATION HEREBY ORGANIZED.

**ARTICLE I** 

NAME

THE NAME OF THE CORPORATION SHALL BE:

CL FABRICS CORP.

ARTICLE II

DURATION

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE, COMMENCING UPON THE FILING OF THESE ARTICLES OF INCORPORATION WITH THE DEPARTMENT OF THE STATE OF FLORIDA.

ARTICLE III

**PURPOSE AND POWERS** 

THIS CORPORATION IS ORGANIZED TO THE PURPOSE OF ENGAGING IN ALL LAW FULL BUSINESS PERMITTED TO A CORPORATION ORGANIZED UNDER THE FLORIDA GENERAL CORPORATION LAW AND THE LAWS OF THE UNITED STATES AND SHALL HAVE ALL THE POWERS SET FORTH IN SAID LAWS.

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#### ARTICLE IV

## CAPITAL STOCK

THE AMOUNT OF CAPITAL STOCK AUTHORIZED SHALL CONSIST OF - 500 -SHARBS OF COMMON STOCK HAVING A PAR VALUE OF \$ 1.00 PER SHARE PAYABLE IN LAWFUL MONEY OF THE UNITED STATES OF AMERICA, OR IN OTHER PROPERTY, TANGIBLE OR INTANGIBLE, OR IN LABOR OR SERVICES ACTUALLY PERFORMED FOR THE CORPORATION AT A JUST VALUATION TO BE FIXED BY THE BOARD OF DIRECTORS OR THE SHAREHOLDERS OF THIS CORPORATION. THE CAPITAL STOCK OF THE CORPORATION MAY AT ANY TIME BE INCREASE OR DECREASE AS PROVIDED BY THE LAWS OF FLORIDA.

#### **ARTICLE V**

### INITIAL CAPITAL

THE AMOUNT OF CAPITAL WITH WHICH THIS CORPORATION SHALL BEGIN BUSINESS IS NOT LESS THAN FIVE HUNDRED DOLLARS (\$ 500.00)

#### ARTICLE VI

INITIAL CORPORATE ADDRESS AND INITIAL REGISTERED OFFICE AND AGENT

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION IS: 745 SW 35 AVENUE, SUITE 204, MIAMI, FL 33135

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THIS CORPORATION IS:

745 SW 35 AVENUE, SUITE 204, MIAMI, PL 33135

NAME OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION AT THAT ADDRESS IS:

NORA MERHEG

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#### ARTICLE VII

## **INITIAL BOARD OF DIRECTORS**

THIS CORPORATION SHALL HAVE DIRECTOR (S) INITIALLY. THE NUMBER OF DIRECTORS MAY BE BITHER INCREASED OR DECREASED FROM TIME TO TIME BY ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE BY - LAWS. THE NAMES AND ADDRESS OF THE INITIAL DIRECTORS OF THIS CORPORATION ARE:

NAMES

**STATUS** 

**ADDRESS** 

**NORA MERHEG** 

PRESIDENT

**745 SW 35 AVENUE** 

**SUTTE 204** 

MIAMI, FL 33135

JAIME CONGOTE

IS:

SECRETARY

**745 8W 35 AVENUE** 

SUITE 204

**MIAMI, FL 33135** 

#### ARTICLE VIII

# INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR OF THIS CORPORATION

# NORA MERHEG 745 SW 35 AVENUE, SUITE 204, MIAMI, FL 33135

## ARTICLE IX

## **AMENDMENT**

UNLESS OTHERWISE SET FORTH HEREIN, THE CORPORATION RESERVE THE RIGHT, IN ACCORDANCE WITH THE FLORIDA GENERAL CORPORATION LAW, TO AMEND, ALTER MODIFY, OR REPEAL ANY PROVISION OR PROVISIONS, CONTAINED IN THESE ARTICLES OF INCORPORATION, OR ANY AMENDMENT HEREIN, AND ANY RIGHTS CONFERRED UPON THE SHAREHOLDERS IS SUBJECT TO THIS RESERVATION.

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# IN WITNESS WHEREOF, THE ABOVE NAMED INCORPORATOR

SUBSCRIBED HIS NAME THIS 22th OF JANUARY, 2007



#### ARTICLE X

# CERTIFICATE OF DESIGNATION

# REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to provision of Section 607.325, 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:

## CL FABRICS CORP.

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

**NORA MERHEG** 745 SW 35 AVENUE, SUTTE 204, MIAMI, FL 33135

> SIGNATURE (Corporate officer)

> > TITLE PRESIDENT

DATE

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HERBBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE 1- 22-07