

P07000064618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

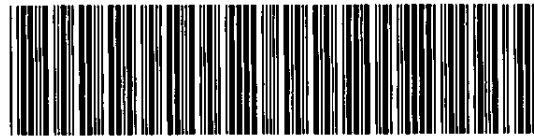
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

1. DESIGNS WITH U 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 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION
OF
DESIGNS WITH U INC.**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

Article I - Name

The name of the corporation shall be:

DESIGNS WITH U INC.

Article II - Principal Office

The principal place of business shall be:

3480 W 84 ST # 109
HIALEAH, FL 33016

Article III - Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND (1,000)

Article IV - Purpose

To carry on and engage in any and all lawful business or businesses.

Article V - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

JOSE A ORTIZ
3480 W 84 ST # 109
HIALEAH, FL 33016

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TALLAHASSEE, FLORIDA

Article VI – Incorporator(s)

The name(s) and street address (es) of the Incorporator(s) to these Articles of Incorporation is (are):

| NAME | ADDRESS | Shares |
|--|--|--------|
| JOSE A. ORTIZ (PRESIDENT) (REGISTERED AGENT) | 3480 W. 84 ST # 109 HIALEAH, FL 33016 | 0 |
| MARIA E. ORTIZ (V-PRESIDENT) | 3480 W. 84 ST # 109 HIALEAH, FL 33016 | 1000 |
| ALEJANDRO MARQUEZ (SECRETARY) | 3480 W. 84 ST # 109 HIALEAH, FL 33016 | 0 |

Article VII Directors


The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

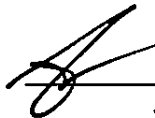
The same as Incorporators.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

May 30, 2007

WITNESS:




_____ JOSE A. ORTIZ

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE


Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute, 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: **DESIGNS WITH U INC.**

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

JOSE A ORTIZ
3480 W 84 ST # 109
HIALEAH, FL 33016

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby 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.

x  _____ (Seal)
JOSE A ORTIZ

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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