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Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

THE CHIAVARI CHAIR BOUTIQUE, INC.

Certificate of Status	0
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DIVISION OF CORPORATION

MAR 11 2009 3/10/2008 12:52 PM

D. A. WHITE

FAX NO. :3052201440

FROM : LAZARUS

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2008 MAR 10 A 11: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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 1-NAME

The name of the corporation shall be:

The Chiavari Chair Boutique, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and malling of this corporation shall be:

1922 SW 57th ave. Ulami, FL 33155

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: $\frac{100}{100}$

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lizabeth Ibarra 1922 SU 57th ave. Lliami, FL 33155

Mar. 10 2008 01:07PM P3

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ARTICLE V - INCORPORATOR

SECRETARY OF STATE TALLAHASSEE. FLORIDA

The name and street address of the incorporator to these Articles of

Incorporation is:

Lizabeth Ibarra 1922 SW 57th Avenue

Miami, FL 33155

The undersigned incorporator has executed these Articles of Incorporation this 10 day of March 2008

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are): Lizabeth Floarra, President 1922 SW 57th Avenue Hiami, FL 33155

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE
Having been named as Registered Agent and to accept service of process for the
above stated corporation at 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 related to the proper and

complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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