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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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NO JUL 10 A II: 02
SECRETARY OF STATE
ALLAHASSEF, FI DEIDA

JUL 10 2008 D. A. WHITE

COVER LETTER

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

SUBJECT: GIOCAI	RA DESIGNS, INC. (PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	.UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: <u>G</u>	IOVANNI AZAEL Name	(Printed or typed)	
	7081 NW 16TH AVE APT B308	Address	
	PLANTATION, FL 33313 City,	State & Zip	
	(954)245-9480 Daytime T	elephone number	

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

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

GIOCARA DESIGNS, INC.

2018 JUL 10 A H: 02

BECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 7081 NW 16TH ST APT B308 PLANTATION. FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FURNITURE DESIGN

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): GIOVANNI AZAEL(PRESIDENT) 7081 NW 16TH ST APT B308 PLANTATION, FL 33313

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: GIOVANNI AZAEL 7081 NW 16TH ST PLANTATION, FL 33313

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: GIOVANNI AZAEL 7081 NW 16TH ST PLANTATION, FL 33313

**********	**********
Having been named as registered agent to accept service of process for a certificate, I am familiar with and accept the appointment as registered age	ent and agree to act in this capacity
	07/04/2008
Signature Hegistered Agent	Date
- 10 (Mg).	07/04/2008
Signature/incorporator	Date