Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000228462 3)))



HITRITOTO 2284623AFIC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number : I19990000017 Phone : (305)485-9300

Fax Number : (305)485-1098

FLORIDA PROFIT/NON PROFIT CORPORATION

FIGURETTY'S, CORP.

THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN	
Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

T. Buron OCT

3.2008

H080002284623.

ARTICLES OF INCORPORATION

OF

FIGURETTY'S CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

FIGURETTY'S, CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

 To have perpetual succession by its corporate

name:

FIGURETTY'S, CORP.

ARTICLE IV

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 Hos 0002284623.

2008 OCT -2 PH 4: 1

HOP 000 228 4623.

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

JOSEFINA LEON 2224 NE 136ST NORTH MIAMI BEACH FL 33181

The principal office shall be:

3054851098

2224 NE 136ST NORTH MIAMI BEACH FL 33181

Hor 000 228 4623.

are:

HOP 000 2284623

The initial Board of Directors shall consist of a total of TWO(2) persons, and the name and address of the persons who are to serve as initial directors

JOSEFINA LEON 2224 NE 136 ST NORTH MIAMI BEACH FL 33181 PRESIDENT

MARTIN GABRIEL LEON 2224 NE 136 ST NORTH MIAMI BEACH FL 33181 VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

JOSEFINA LEON 2224 NE 136 ST NORTH MIAMI BEACH FL 33181

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this APRIL 08,2008

JOSEF NA LEON

Hos 000 2284623.

H08000 228 4623

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, 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:

FIGURETTY'S, CORP.

2. The Name and Address of the registered agent and office is

JOSEFINA LEON 2224 NE 136 ST NORTH MIAMI BEACH FL 33181

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Hos 000 221 4623