Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335 : (305)599-0839

Fax Number : (305)716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

MIMI RESTAURANT CORP.

Certificate of Status	0
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ARTICLE OF INCORPORATION

OP

MIMI RESTAURANT CORP.

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

ARTICLE I NAME

The name of the corporation shall be: MIMI RESTAURANT CORP.

The principal place of business of this corporation shall be: 10651 NW. 132 ST.
HIALEAR GARDENS, FL. 33016

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

EDELMIRA HORTA

DIRECTOR

15211 NW. 29 CT. OPA LOCKA, FL. 33054

EVELIO HORTA

DIRECTOR

15211 NW. 29 CT. OPA LOCKA, FL. 33054

ARTICLE VI INCORPORATOR (S)

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

EDELMIRA HORTA

PRESIDENT (50 shares)

15211 NW. 29 CT. OPA LOCKA, FL. 33054

EVELIO HORTA

SEC. & TREASURER (50 shares)

15211 NW. 29 CT. OPA LOCKA, FL. 33054

The undersigned has (have) executed these Article of Incorporation this __27 th_day of April _____, 20.09 ___

Codemua Hours

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/AEGISTERED OFFICE

Pursuant to the provisions 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.

		M	MI RESTAU	RANT COE	eP.			
The	name	and	address	of the	registered	agent	and	office
is			EDELMIRA	HORTA	,			
				(Name)			
			15211 N	√. 29 CT.				
	· <u>·</u>		(P. (XOE .C	NOT ACCEPTA	BIE)		
		OPA	LOCKA, FLO	ORIDA 3:	3054			
			10	TTY/ST	ATH/ZIP)			

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE_	Edelmira	Hosta
DATE	4-27-09	