

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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10 APR -7 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

arias by design group, corp.

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ARIAS BY DESIGN GROUP, CORP.

FILED

10 APR -7 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1822 N.W. 22nd Street
Miami, FL. 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Legal Business / Activity Permitted
in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 (one hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jaime ARIAS - President - 1822 N.W. 22nd Street - MIAMI FL. 33142

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Jaime ARIAS
1822 N.W. 22nd Street
MIAMI, FL. 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jaime ARIAS
1822 N.W. 22nd Street
MIAMI, FL. 33142

~~~~~  
Having been named as registered agent to accept service of process for the above stated corporation at a place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

\_\_\_\_\_  
Signature/Registered Agent

04 - 06 - 10  
Date

\_\_\_\_\_  
Signature/Incorporator

04 - 06 - 10  
Date

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