Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H10000198381 3))) H100001983813ABC+ 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 : LAZARUS CORPORATE FILING SERVICE, INC. Account : Number : 12000000019 Phone : (305) 552-5973 Fax Number : (305)220-1440 **Enter the email address for this business entity to be used for future? annual report mailings. Enter only one email address please.** Email Address: FLORIDA PROFIT/NON PROFIT CORPORATION CONFECCIONES TRINYTEX C.A., CORP. Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$78.75

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H10000198381 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. FILED

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ARTICLE I - NAME

The name of the corporation shall be:

CONFECCIONES TRINYTEX CA, COFP.

ARTICLE II - PRINCIPAL OFFICE

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

9739 NW 41ST Doral FL 33178

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

<u>ARTICLES IV – INITIAL REGISTERED AGENT AND STREET</u> <u>ADDRESS</u>

The name and address of the initial registered agent is:

DELIA YAFRATE 9739 NW 41ST Doral FL 33178

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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

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DEL'A	YAFRATE					
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The undersigned inc	orporator has executed these Oday of ElPTcml	Articles of Incorpo	ration this	··· ag		
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<u> </u>	ARTICLE VI- DIRECT		. 1		PH 3:	
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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