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(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(= ::	,	··- ,		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

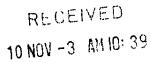
Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Little Marvels, Inc.				
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: Angie Irizarry				
Nam	e (Printed or typed)			
2702 SW 140 Avenue				
	Address			
Miami, FL 33175	, State & Zip			
City	, State & Zip			
305-951-4406				
Daytime Telephone number				
info@luxeaffairs.com E-mail address: (to be used for future annual report notification)				

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







FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Division of Corporations

October 11, 2010

ANGIE IRIZARRY 2702 SW 140 AVE MIAMI, FL 33175

SUBJECT: LITTLE MARVELS, INC. Ref. Number: W10000047543

We have received your document for LITTLE MARVELS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 010A00024029

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

The name of the o	Little Marvels, Incorporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing add	ress, if different is:
	2702 SW 140 Avenue		ess, it different is.
	Miami, FL 33175		

ARTICLE III	PITPPOSE		2 2 2 3
	which the corporation is organized is:		
Christian Ba	by Clothing		
	io, cionnig		の統領
			ကြုံ≘ ယ ¦
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			₩ ?
ARTICLE IV			S 5
The number of sh	ares of stock is: 500		- 0
ARTICLE V	INITIAL OFFICERS AND/OR DIR	ECTORS	
Name and 7	Title:Angie Irizarry	Name and Title:	
Address:	2702 SW 140 Avenue	Address:	
	Miami, FL 33175		
., .,			
Name and	l'itle:	Name and Title:	
Address:		Address:	
Name and T	litle:	Name and Title:	
Address:		Address:	
	REGISTERED AGENT	. 11 \ 7.4	
	orida street address (P.O. Box NOT accep		
Name: Address:	Angie Irizarry		
Audress:	2702 SW 140 Avenue Miami, FL 33175		
	JVIIami, FL 33175		
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:		
Name:	Angie Irizarry		
Address:	2702 SW-140 Avenue		
	Miami, FL 33175		
,, , , , ,		Company Com the selection started a company	tion of the place deployment of in
	ned as registered agent to\accept service of am familiar with and accept the appointmen		
inis cerujicute, i u	im familiar with and accept the appointmen	u us regisieren ugeni una agree io aci i	n inis capacity
T X	$\rightarrow M \cap A \cap A$		14/29/2010
			10 00 0
	Required Signature/Registered Age	ent	Date
I submitthis dos	ument and affirm that the facts stated he	rein are true. I am aware that the fal	se information submitted in a
document to the I	Department of State constitutes a third degr	ee felony as provided for in s.817.155.	F.S.
T'			(c/ 1 DAG
\ \			1011812
——————————————————————————————————————	Required Signature/Incorporate	or	Date