

Florida Department of State
Division of Corporations
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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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LIQUIDATION CLOTHING GROUP, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Handwritten signature and date: 1/31/11

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

2011 JAN 28 PM 12:04

ARTICLE I NAME

The name of the corporation shall be: **LIQUIDATION CLOTHING GROUP, CORP.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

**7000 NW 37 AVENUE
MIAMI, FL 33147**

Mailing address, if different is:

**7000 NW 37 AVENUE
MIAMI, FL 33147**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**OBJECTS AND PURPOSES TO BE TRANSACTED AND CARRIED ON ARE
TO ENGAGE IN ANY ACTIVITY OF BUSINESS PERMITTED UNDER THE LAWS
OF THE UNITED STATES OF AMERICA AND OF THE STATE OF FLORIDA**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **RUBEN VARELA, JR. - PRES.**

Address: **7000 NW 37 AVENUE
MIAMI, FL 33147**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **RUBEN VARELA, JR.**

Address: **7000 NW 37 AVENUE
MIAMI, FL 33147**

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **RUBEN VARELA, JR.**

Address: **7000 NW 37 AVENUE
MIAMI, FL 33147**

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

Required Signature Registered Agent

1/28/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature Incorporator

1/28/2011
Date

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