

P110000063322

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

47442

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000180246 3)))



H110001802463ABCK

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

RECEIVED
11 JUL 13 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
PLAYA BOUTIQUE, INC.

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

2011 JUL 13 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H11000180246

2

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

PLAYA BOUTIQUE, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICEPrincipal street address300 ARGON AVENUE SUITE #110
CORAL GABLES, FL 33134

Mailing address, if different is:

C/O JACQUELINE DEFRANCESCO
P.O. BOX 651533
MIAMI, FL 33265**ARTICLE III PURPOSE**The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: PRESIDENT-YOUNIS TAHIRAddress: 300 ARGON AVENUE SUITE #110
CORAL GABLES, FL 33134

Name and Title: _____

Address: _____

Name and Title: VICE PRESIDENT-JACQUELINE GHEITHAddress: 300 ARGON AVENUE SUITE #110
CORAL GABLES, FL 33134

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: YOUNIS TAHIRAddress: 300 ARGON AVENUE SUITE #110
CORAL GABLES, FL 33134**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: YOUNIS TAHIRAddress: 300 ARGON AVENUE SUITE #110
CORAL GABLES, FL 33134FILED
11 JUL 13 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA*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*Y Tahir

Required Signature/Registered Agent

7-13-11

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.*Y Tahir

Required Signature/Incorporator

7-13-11

Date

H11000180246