

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 annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

dolce vita prestige, inc

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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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: **DOLCE VITA PRESTIGE, INC**

ARTICLE II PRINCIPAL OFFICE
Principal street address
1900 BAY ROAD
MIAMI BEACH, FL 33139

Mailing address, if different is:
P.O. BOX 191813
MIAMI BEACH, FL 33119

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: **1,000,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PRESIDENT**
Address: **DIOP CODOU**
23 RUE DE LA BRECHE
AUX LOUPS, PARIS 75012

Name and Title: _____
Address: _____

Name and Title: **VICE PRESIDENT**
Address: **AKINDA EPSE GRAILLOT**
17 RUE CAMILLE
DESMOULINS, ALBY 81000

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:

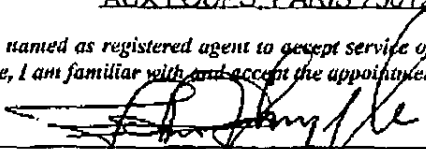
Name: **JOHN AGBEYEGBE**
Address: **12795 NE 10 AVE, #1**
N MIAMI, FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **DIOP CODOU**
Address: **23 RUE DE LA BRECHE**
AUX LOUPS, PARIS 75012

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

10/31/2011
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

10/31/2011
Date

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