

NOV 15 2011 10:33 AM CAPITAL CONNECTION NO 7721 P. 1 of 1
P11000098661

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

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
LAS VILLAS PERFUMERIA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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CAPITAL CONNECTION

NO. 7741 P. 2

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DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

2011 NOV 15 AM 9:56

ARTICLE I NAME

The name of the corporation shall be: **LAS VILLAS PERFUMERIA, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
909 N MIAMI BEACH BLVD 201
N MIAMI BEACH, FL 33162

Mailing address, if different is:

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 DIRECTORS

Name and Title:	GEORGE THERMIOTIS, PRESIDENT	Name and Title:	
Address:	909 N MIAMI BEACH BLVD, 201	Address:	
	N MIAMI BEACH, FL 33162		
Name and Title:		Name and Title:	
Address:		Address:	
Name and Title:		Name and Title:	
Address:		Address:	

ARTICLE VI REGISTERED AGENT

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

Name: **GEORGE THERMIOTIS**
Address: **909 N MIAMI BEACH BLVD 201**
N MIAMI BEACH, FL 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **GEORGE THERMIOTIS**
Address: **909 N MIAMI BEACH BLVD 201**
N MIAMI BEACH, FL 33162

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

11/14/2011

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

11/14/2011

Date