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SECRETARY OF STATE
TALLAHASSEE, FLORID



COVER LETTER

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

SUBJECT: LI'L GENIUS TREND C	CORP.
(PROPOSED CORPORA	TE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: DAYLET MACIAS	
Name	(Printed or typed)
12014 NW 91 PL	
	Address
HIALEAH GARDENS F	L 33018 State & Zip
305-984-7022	w
Daytime T	elephone number
DAYLET7@YAHOO.CO	
E-mail address: (to be used	for future annual report notification)

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

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

ARTICLE I The name of the co	NAME LI'L GENIUS TREND orporation shall be:	CORP.		
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing addr	ess, if different is:
	12014 NW 91 PL HIALEAH GARDENS FL 33018	-		
r	IIALEAH GARDENS EL SSUIS	_		
ARTICLE III	PURPOSE /hich the corporation is organized is:			
ONLINE RET	TAIL CLOTHING STORE			
0,12121				₹00 ±
				JAN-9 PH
				FF 1
ARTICLE IV				SER - ITI
The number of sha	res of stock is:1			ma Z C
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	ors		STATT FLORE
Name and T	itle:DAYLET MACIAS PRESDIENT	Name an	d Title:	92 <u>0</u>
Address:	12014 NW 91 PL	Address:		<u>om</u> <u>f</u>
	HIALEAH GARDENS FL 33018			
			 	
Name and T	itle:	Name an	d Title:	
Address:		Address:		
				
				
Name and T	itle:	Name an	d Title:	
Address:		Address:		
			·····	
	REGISTERED AGENT			
The name and Flo Name:	DAYLET MACIAS		red agent is:	
Name: Address:	12014 NW 91 PL			
/ (doi:033.	HIALEAH GARDENS FL 33018	<u> </u>		
	INCORPORATOR dress of the Incorporator is:			
Name:	DAYLET MACIAS.			
Address:	12014 NW 91 PL			
	HIALEAH GARDENS FL 33018	3		
Havino haan nam	ned as registered agent to accept service of pro	carr for the ab	inua statad nomnoma	tion at the place decimated in
this certificate, I a	m famili <u>a</u> r with and accept the appointment as	registered agei	nt and agree to act i	in this capacity
•	121		Ü	
	Lout W Sail			01/05/2012
	Required Signature/Registered Agent		_	Date
I submit this does	ument and affirm that the facts stated herein	are true I am	muara that the Cal	co information submitted in a
	ument und affirm that the facts stated herein t Department of State constitutes/h third degree fea			
	() ///		<i>y</i> :	
	(1/auf / Surry			01/05/2012
	Required Signature/Incorporator	·	_	Date