

PROOF

Florida Department of State
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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

12 MAR 20 PM 12: 57
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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
Softline International USA, Inc.

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

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3/22
8

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: SOFTLINE INTERNATIONAL USA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
18520 N.W. 67 AVE.
PMB 143
MIAMI, FL 33015

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 5000 - \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IGOR PETLYAKOV - PD Name and Title: _____
Address: DARBENEVSKAJA EMB. 7 Address: _____
BUILDING 9
MOSCOW, RUSSIA 115114

Name and Title: JESOS "JOEL" CASTILLO - VP, S Name and Title: _____
Address: AV. LIBERTADOR MOLTICENTRO EMPRESARIAL Address: _____
DEL ESTE, NUCLEO A. PISO 10, OFICINA
CHACAO, CARACAS VENEZUELA

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: GARY A. LAZARUS
Address: 14531 CEDAR COURT
MIAMI LAKES, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ALAN E GREENFIELD
Address: P.O. BOX 80106
AVENTURA, FL 33280

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

[Signature]
Required Signature/Registered Agent

3-21-12
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.

[Signature]
Required Signature/Incorporator

3/18/12
Date

12 MAR 20 PM 12:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS