

**P1200044672**

Florida Department of State  
Division of Corporations  
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To: **002083 166386**  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

**\*\*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  
L'ATELIER IMPORTS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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*Ps 5/11/12*

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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: **L'ATELIER IMPORTS, INC.**

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 1890 N.W. 96th Avenue  
Doral, Florida 33172  
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: **100,000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**  
Name and Title: \_\_\_\_\_ Address: \_\_\_\_\_  
Name and Title: \_\_\_\_\_ Address: \_\_\_\_\_  
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: Paradorp Incorporated  
Address: 236 East 6th Avenue  
Tallahassee, FL 32303

**ARTICLE VII INCORPORATOR**  
The name and address of the incorporator is:  
Name: Joseph V. Sllakovich  
Address: 919 Albany Street  
Los Angeles, CA 90015-1211

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

Mary J. Cannon-Cuffender Required Signature/Registered Agent 5/11/12 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.

Joseph Sllakovich Required Signature/Incorporator 5/10/2012 Date

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