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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



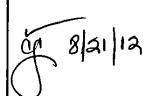


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SECRETARY OF STATE DIVISION OF CORPORATIONS



y COVER LETTER

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

SUBJECT: Glamour Boutique (PROPOSED CORPORATE NA	ME - MUST INCLUDE SUFFIX)	
Filing Fee Filing Fee & Certificate of Status &	Sincorporation and a check for: 8.75 Section 18.75 Section 28.75 Section 28.75 Filing Fee, Certified Copy & Certified Copy & Certificate of Status DDITIONAL COPY REQUIRED	
FROM: Conception Berth Name (Printe 1010 SW 88 Ct Address Miami, Fl 33174 City, State & 305-778-1121 Daytime Telephor Connie bertolotti	PM 1: 39	CERCONFILED

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) FILED SECRETARY OF STATE NVISION OF CORPORATIONS The name of the corporation shall be: Glamour Boutique Co. 12 AUG 20 PM 1: 39 Principal street address Mailing address, if different is: 1010 SW 87 C+ miami, F1 331 ARTICLE III PURPOSE The purpose for which the corporation is organized is: to sell clothing, 6hoes and accessories The number of shares of stock is: 100 shares owned by Concepcion Bertolotti INITIAL OFFICERS AND/OR DIRECTORS Name and Title: CONCEDCION Bectolotti Name and Title: 1010 SW 88 Ct Micmi, F1 33174 Address: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: _ Address: REGISTERED AGENT ARTICLE VI The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Kodriguez Name: Gustavo Address: <u>7130 SW 43</u> Miami, Fl ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Concepcion Name: Address: 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 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. 8-15-12 Required Signature/Incorporator