

**P1200009607**

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*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  
AVENTURA EYEWEAR, INC,

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS

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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:  
AVENTURA BYEWEAR, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
18169 BISCAYNE BLVD.  
AVENTURA, FL 33160

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
ANY AND ALL LEGAL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERICKA VERUSCKA CANABRAVA CASTRO E ALVES/PRESIDENT  
Address: 18169 BISCAYNE BLVD.  
AVENTURA, FL 33160

Name and Title:  
Address:

Name and Title:  
Address:

ARTICLE VI REGISTERED AGENT

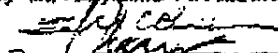
The name and Florida street address (P.O. Box Not acceptable) of the registered agent is:  
Name: ERICKA VERUSCKA CANABRAVA CASTRO E ALVES  
Address: 18169 BISCAYNE BLVD.  
AVENTURA, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:  
Name: ERICKA VERUSCKA CANABRAVA CASTRO E ALVES  
Address: 18169 BISCAYNE BLVD.  
AVENTURA, FL 33160


\*\*\*\*\*

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

11/08/12  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Required Signature/Incorporator

11/08/12  
\_\_\_\_\_  
Date