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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

****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
Nina Gabrielle Handmade Party Couture Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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COVER LETTER

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

SUBJECT: Nina Gabrielle Handmade Party Couture Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Alexandra Tavares Smaniotto
Name (Printed or typed)

12957 SW 143 Terrace
Address

Miami, FL 33186
City, State & Zip

305-498-7439
Daytime Telephone number

marcellofi@icloud.com
E-mail address: (to be used for future annual report notification)

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

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APR. 4. 2013-10:57AM CAPITAL CONNECTION

NO. 3570 PF²ILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

13 APR -4 AM 11:30

ARTICLE I NAME

The name of the corporation shall be: Nina Gabrielle Handmade Party Couture Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

12957 SW 143 Terrace

Miami, FL 33186

Mailing address, if different is:

18141 SW 148 Ave. Rd.

Miami, FL 33187

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Party Planning and development

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Alexandra Smaniotto - P</u>	Name and Title:	<u>Fernanda Borges - DP</u>
Address:	<u>12957 SW 143 Terrace</u>	Address:	<u>18141 SW 148 Ave. Rd.</u>
	<u>Miami, FL 33186</u>		<u>Miami, FL 33187</u>

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

(cont.)

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: Fernanda Borges
Address: 18141 SW 148 Ave. Rd.
Miami, FL 33187

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alexandra Smaniotto
Address: 12957 SW 143 Ter.
Miami, FL 33186

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

Fernanda Borges
Required Signature/Registered Agent

04/04/2013

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.

Alexandra Smaniotto
Required Signature/Incorporator

04/04/2013

Date

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