

OCT/03/2013 THU 02:00 PM

10/3/13

PAI No.

P. 00

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850) 617-6381

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
EXQUISITECES BY FRIDA INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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P. 002
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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:

EXQUISITECES BY FRIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

20281 E COUNTRY CLUB DRIVE APT. NO. 1408

AVENTURA, FL 33180

Mailing address, if different is:

20281 E COUNTRY CLUB DRIVE APT. NO. 1408

AVENTURA, FL 33180

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRIDA SZKOLNIK, PRESIDENT

Name and Title:

Address

20281 E COUNTRY CLUB DRIVE

Address:

APT NO. 1408

AVENTURA, FL 33180

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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DIVISION OF CORPORATION

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(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: GLINSKY CPA GROUP PA
Address: 100 N. BISCAYNE BLVD # 2800
MIAMI, FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

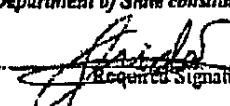
Name: FRIDA SZKOLNIK
Address: 20281 E COUNTRY CLUB DRIVE APT NO. 1408
MIAMI, FL 33132

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

OCTOBER 3, 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.


Required Signature/Incorporator

OCTOBER 3, 2013
Date