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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*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  
GAULTIER CORP.

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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DIVISION OF CORPORATION  
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2013 OCT 17 AM 11:19

**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: **GAULTIER Corp.**

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
**269 S. Beverly Drive #1043**  
**Beverly Hills, CA 90212**

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:

The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the corporation laws of the State of Florida.

**ARTICLE IV SHARES**  
The number of shares of stock is: **200 No Par Value**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <b>Tony Gaultier - Director</b>	Name and Title: _____
Address: <b>3 Passage du Monery</b>	Address: _____
<b>89200 Venissieux, France</b>	_____

Name and Title: <b>Virginia Mathieu - Director</b>	Name and Title: _____
Address: <b>3 Passage du Monery</b>	Address: _____
<b>89200 Venissieux, France</b>	_____

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: **United Corporate Services, Inc.**  
Address: **9200 South Dadeland Boulevard, Suite 508**  
**Miami, FL 33156**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Michael A. Barr**  
Address: **10 Bank St. Ste 580**  
**White Plains, NY 10606**

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  
**Michael A. Barr, President**

**10/17/13**

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

**10/13/13**

Date

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