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5/15/2014

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#4552 P.001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE
Account Number : I200000000019
Phone : (305) 552-5973
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14 MAY 16 AM 8:06

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
MAYZ DESIGNS CORP.**

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

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14 MAY 16 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MAYZ DESIGNS CORP.

ARTICLE II PRINCIPAL OFFICE
Principal street address

12334 NW 11 Lane
Miami, FL 33182

Mailing address, if different is:

PO Box 260553
Miami, FL 33126

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Sewing, Knitting and Alterations

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Milagros Acosta</u>	Name and Title:	<u>President</u>
Address	<u>12334 NW 11 Lane</u> <u>Miami, FL 33182</u>	Address:	<u></u> <u></u>

Name and Title:	<u>Maria I. Nazario</u>	Name and Title:	<u>Vice-President</u>
Address	<u>12334 NW 11 Lane</u> <u>Miami, FL 33182</u>	Address:	<u></u> <u></u>

Name and Title:	<u>Milagros Acosta</u>	Name and Title:	<u>Treasurer</u>
Address	<u>12334 NW 11 Lane</u> <u>Miami, FL 33182</u>	Address:	<u></u> <u></u>

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(cont.)

Name and Title: Marla I. Nazario Name and Title: Secretary
Address: 12334 NW 11 Lane Address: _____
Miami, FL 33182 _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

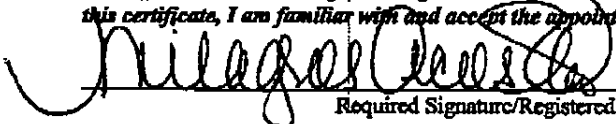
Name: Milagros Acosta
Address: 12334 NW 11 Lane
Miami, FL 33182

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Milagros Acosta
Address: 12334 NW 11 Lane
Miami, FL 33182

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TALLAHASSEE FLORIDA

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

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

Date

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