

(((H14000224146 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

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 TIARA FASHION CORP

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

SEP 2 6 2014

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ICLE I N.	•			
ICLE II P	RINCIPAL OFFICE Principal street address	Mailing address, if different is:		
25 NW 2	20 ST	1925 NW 20	ST	
AMI, FL	A. 33142	Miami, FLA 3		
ICLE III PU	RPOSE DDOC			
urpose for whic	RPOSE th the corporation is organized is: PROF	TI CON CIVATION	·	
	· · · · · · · · · · · · · · · · · · ·		35	
			SET.	
			£	
CLE IV SI	HARES ONE HUNDRED		2	
umber of shares	HARES ONE HUNDRED OF STOCK IS: OFFICERS AND/OR DIRECTOR ITIAL JUDITH MOLINA-ALVARADO (PRES		2	
	VITIAL OFFICERS AND/OR DIRECTOR	Name and Titlo:	# # # # # # # # # # # # # # # # # # #	
umber of shares ICLE V II Name and T	VITIAL OFFICERS AND/OR DIRECTOR JUDITH MOLINA-ALVARADO (PRES		# # # # # # # # # # # # # # # # # # #	
umber of shares ICLE V II Name and T	JUDITH MOLINA-ALVARADO (PRES 9125 SW 77 AVE	Name and Titlo:	# 2	
Umber of shares ICLE V IP Name and T Address	UTIAL OFFICERS AND/OR DIRECTOR itle: JUDITH MOLINA-ALVARADO (PRES 9125 SW 77 AVE APT 602 MIAMI, FLA. 33156	Name and Titlo:	#	
Umber of shares ICLE V IP Name and T Address	UTIAL OFFICERS AND/OR DIRECTOR itle: JUDITH MOLINA-ALVARADO (PRES 9125 SW 77 AVE APT 602 MIAMI, FLA. 33156	Name and Title: Address: Name and Title:	*	
Name and Ti	UTIAL OFFICERS AND/OR DIRECTOR itle: JUDITH MOLINA-ALVARADO (PRES 9125 SW 77 AVE APT 602 MIAMI, FLA. 33156	Name and Title: Address: Name and Title: Address:		
Name and Ti	UTIAL OFFICERS AND/OR DIRECTOR SITURITY MOLINA-ALVARADO (PRES 9125 SW 77 AVE APT 602 MIAMI, FLA. 33156	Name and Title: Address: Name and Title: Address:		
Name and Ti	UTIAL OFFICERS AND/OR DIRECTOR SITURITY MOLINA-ALVARADO (PRES 9125 SW 77 AVE APT 602 MIAMI, FLA. 33156	Name and Title: Address: Name and Title: Address:		

H14000224148

414000224145

(conti.)

Name ar	od Title:	Name and Titlo:	
Address		Address:	
		<u> </u>	
			THE STATE OF THE S
ARTICLE VI	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) v.	f the registrated went is:	
The mante and I		- F	N 95
Name:	Judith Molina-Al	Juliado	# # j
Address:	9125 SW 77 AVE, APT 602	_	A Second
	MIAMI, FLA. 33156		
		-	77
ARTICLE VII	INCORPORATOR		
The <u>name and s</u>	address of the incorporator is:		
Name:	JUDITH MOLINA-ALVARADO	_	
Address:	9125 SW 77 AVE, APT 602	_	
	MIAMI, FLA. 33156		
		_	
	tmed as <u>registered agent</u> to accept service of proces. I am familiar with andfaccept the appointment as re		
1	Turker (time)	9/20/2	.014
Required Signature/Registered Agent		D	Date
	cument and affirm that the facts stated herein are		ı suhmitted in a
	Tour ten Ati	9/20/	2014
<i>_</i>	Required Signature/Incorporator		Date
6			