Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150000044323)))



HI STOTOTOMA 323 A PICT

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 : I2000000019
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. ___

Fmail	Address:

FLORIDA PROFIT/NON PROFIT CORPORATION RAY FASHION CORP

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

15 JAN -7 AN 11:29 SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Lielp

1/4/

APPROVEL #58AD: 002/003 FILED |

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
15 JAN -7 AM 11

·	ARTICLE I NAME: The name of the corporation is:	SECRETARY OF STALLAHASSEE, FLOR
	Ray Fashion Corp	
•	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address is:	
_	4700 NW 7 St Lliam FL 33126 Suite # 6	
_	DIAM FL 33126 Suite # 6	
ARTIC	LE III SHARES: The number of shares of stock is:	20
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE	ERS:
	RAYNAR Contrenas	
***** ·		·
		_
<u></u>		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	•
	ICLE V INITIAL REGISTERED AGENT AND STREET	
The na	me and Florida street address (PO Box not acceptable) of the regis	stered agent is:
	KAYNAR ContrEnas	
_5	1700 NW 751 Mami FC	
	33126 (Suite #6)	
	CLE VI INCORPORATOR: The name and address of the In	- II
	RAYNAR CONTRERAS	
	RAYNAR CONTRERAS 4700 NW 7ST SUITE MIRMI EL 53126	#6
	Minn: [1 53/71	<u> </u>

11/18/2032 00:10

APPROVE(AN19842 P. 003/003 FILED

15 JAN -7 AH II: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Required Signatures:

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

Registered Agent 1-6-(5

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.

Incorporator

Date