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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SHOE OUTLET GROUP INC**

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

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DIVISION OF CORPORATIONS

STATE OF FLORIDA
TALLAHASSEE

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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: SHOE OUTLET GROUP INC

ARTICLE II PRINCIPAL OFFICE	<u>TAX ID - 542080337</u>
Principal <u>street</u> address	Mailing address, if different is:
<u>5752 WEST FLAGLER ST</u>	<u>5252 WEST FLAGLER ST</u>
<u>MIAMI</u>	<u>MIAMI</u>
<u>FLORIDA 33126</u>	<u>FLORIDA 33126</u>

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: WHOLESALE AND RETAIL SWALE OF SHOES

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES @1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>PRESIDENT JULIO FERNANDEZ</u>	Name and Title:	
Address	<u>5752 WEST FLAGLER STREET</u>	Address:	
	<u>MIAMI</u>		
	<u>FLORIDA 33126</u>		
Name and Title:	<u>MITZY FERNANDEZ</u>	Name and Title:	
Address	<u>5752 WEST FLAGLER ST</u>	Address:	
	<u>MIAMI</u>		
	<u>FLORIDA 33126</u>		
Name and Title:		Name and Title:	
Address		Address:	

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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: JULIO FERNANDEZ
Address: 5752 WEST FLAGLER ST
MIAMI, FLORIDA 33126

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JULIO FERNANDEZ
Address: 5752 WEST FLAGLER ST
MIAMI, FLORIDA 33126

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

01/27/2015
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

01/27/2015
Date

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