

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****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
AREAS BY DESIGN, CORP.**

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FLORIDA DEPARTMENT OF STATE

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(3)

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: AREAS BY DESIGN, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

1822 N.W. 22nd STREET

MIAMI FL. 33142

Mailing address, if different is:

1822 N.W. 22nd STREET

MIAMI FL. 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS / ACTIVITY PERMITTED IN THE
STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALIRIO GUTIERREZ (President)

Address: 1822 N.W. 22nd STREET

MIAMI FL. 33142

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: ALIRIO GUTIERREZ
Address: 1822 N.W. 22nd STREET
MIAMI FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALIRIO GUTIERREZ
Address: 1822 N.W. 22nd STREET
MIAMI FL 33142


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/19/2015 (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 05/19/2015
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.

 05/19/2015
Required Signature/Incorporator Date

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