

P16000037842

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

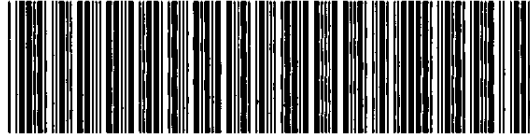
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APR 29 2016

T. SCOTT



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 25 AM 10:10

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____
NINI'S FASHION AND OUTLET CORP
Name (Printed or typed)
6343 SW 158TH AVENUE
Address
MIAMI, FL 33193
City, State & Zip
786-442-5438
Daytime Telephone number
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: NINI'S FASHION AND OUTLET CORP.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>6343 SW 158TH AVENUE</u>	<u></u>
<u>MIAMI, FL. 33193</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY ON ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ENEYDA LORENA MOLINA-P</u>	Name and Title:	<u></u>
Address	<u>6343 SW 158TH AVENUE</u>	Address:	<u></u>
	<u>MIAMI, FL. 33193</u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

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DIVISION OF CORPORATIONS
16 APR 25 AM 10:10

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: ENEYDA LORENA MOLINA

Address: 6343 SW 158TH AVENUE

MIAMI, FL. 33193

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ENEYDA LORENA MOLINA

Address: 6343 SW 158TH AVENUE

MIAMI, FL. 33193


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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.

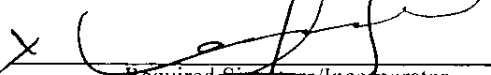
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X  _____
Required Signature/Registered Agent

04/15/2016

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.

X  _____
Required Signature/Incorporator

04/15/16

Date