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COVER LETTER

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

SUBJECT:	SOAPS & GIFTS BY FE	RISIA, CORP	
<u></u>	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM:		RRALES e (Printed or typed)	
	5920 SW 148	ГН СТ	
<u> </u>		Address	···
<u></u>	MIAMI, FL.		
	•	State & Zip	
	270-319-63		
	Daytime T	elephone number	
 -	E-mail address: (to be use	d for future annual report i	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: SOAPS & GIFTS BY FRISIA, CORP

ARTICLE II PRINCIPAL OFFICE

Principal Street Address:

5920 SW 148TH CT

MIAMI, FL. 33193

Mailing Address if different is:

ARTICLE III PURPOSE

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

ARTICLE IV

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

FRISIA N CORRALES-P

Address:

5920 SW 148TH CT

MIAMI, FL. 33193

Name and Title:

ANA M CORRALES-VP

Address:

5920 SW 148TH CT

MIAMI, FL. 33193

ARTICLE VI REGISTERED AGENT

The name and Florida Street address (P.O. Box NOT acceptable of the registered agent is:

Name:

FRISIA N CORRALES

Address:

5920 SW 148TH CT

MIAMI, FL. 33193

ARTICLE VII INCORPORATOR

The name and	address	of the	Incorpo	rator	is:

Name:

FRISIA N CORRALES

Address:

5920 SW 148TH CT

MIAMI, FL. 33193

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

Date

19/22/16

I submit this document and affirm that the facts stated herein are true. I am aware that the false information 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

Date