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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Phone : (305)552-5973  
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Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
MIA DESIGNS FOR ALL OCCASIONS INC

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

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17 AUG -2 PM 4:32

FLORIDA DEPARTMENT OF STATE  
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TALLAHASSEE, FLORIDA

2ND REQUEST

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H17000201056

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Mia Designs For All Occasions INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2301 NW 29 ST  
MIAMI FL 33142**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**MARIA M MATEO SOSA - PRESIDENTXIOMARA FERNANDEZ MARRERO - VP**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MARIA M MATEO  
2301 NW 29 ST  
MIAMI FL 33142SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MARIA M MATEO  
2301 NW 29 ST  
MIAMI FL 33142

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**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\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date

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