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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:

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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
DESIGNS ALI FASHIONS, INC

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

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OCT 10 2019

Electronic Filing Menu Corporate Filing Menu Help

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: DESIGNS ALI FASHIONS , INC

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
7375 SW 36TH STREET	"SAME AS MAILING ADDRESS"
MIAMI, FL 33155	

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALICIA ALVAREZ LOPEZ, PRESIDENT	Name and Title:
Address: 7375 SW 36TH STREET MIAMI, FL 33155 PHONE: 786-399-7294/ 100% OWNER	Address:
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

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: ALICIA ALVAREZ LOPEZ

Address: 7375 SW 36TH STREET

MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALICIA ALVAREZ LOPEZ

Address: 7375 SW 36TH STREET

MIAMI, FL 33155

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/07/2019 (OPTIONAL)

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

_____ 10/07/2019

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.

_____ 10/07/2019

Required Signature/Incorporator Date