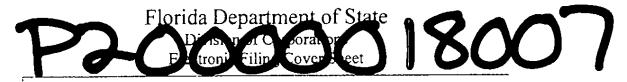
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000664913)))



To:

Division of Corporations

: (850)617-6381 Fax Number

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (800)221-2972 Phone

: (718)889-7420 Fax Number

\*\*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 SHOES FIRST, INC.

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Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, E.S. (Pxofit)

	CIPAL OFFICE Principal street address	Mailing address, if	
625 EAST CLASSIC		1625 EAST CLASSICAL I DELRAY BEACH, FL 334	
DELRAY BEACH, FI	, 33445	DELRAT BEACH, FL 33	<del></del>
RTICLE III PURP	OSE to engage in the corporation is organized is:	any lawful act or activity for	
hich corporations ma	y be organized.		
.,			
			20;   1)\(\frac{1}{2}\)
			2021 FEE
			<u> </u>
			7
RTICLE IV SHAP he number of shares o			PH.
			4: 3 (1)
RTIÇILE V INITI	AL OFFICERS AND/OR DIRECTORS		
Name and Tit		Name and Title:	
Address	1625 EAST CLASSICAL BLVD	Address:	<u>.</u>
	DELRAY BEACH, FL 33445	<u> </u>	<del></del>
	BERNADETTA KATAN-SECRETARY	Managed Title	
Name and Titl	ACCENCE ASSICAL BLVD	Name and Title:	
Name and Titl	1625 EAST CLASSICAL BLVD	Name and Title:	
	ACAS EAST CLASSICAL BLVD		
	1625 EAST CLASSICAL BLVD		
Address	1625 EAST CLASSICAL BLVD DELRAY BEACH, FL 33445	Address:	
Address	1625 EAST CLASSICAL BLVD	Address:  Name and Title:	

Name an	d Tide:	Name and Title:
Address		Address:
ARTICLE VI The name and F	REGISTERED AGENT Imida street address (P.O. Box NOT acceptable) (	of the registered agent is:
Name:	SHAREL S KATAN	_
\ddress:	1625 EAST CLASSICAL BLVD	_
(110) C52.	DELRAY BEACH, FL 33448	
<u>ARTICLE VII</u>	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	SHARELS KATAN	
Address:	1625 EAST CLASSICAL BLVD	<del>_</del>
	DELRAY BEACH, Ff. 33445	
	date is listed, the date must be specific and cam	(OPTIONAL) not be more than five business days prior or 90 business
North Litherdal	te inserted in this block does not meet the applicab effective date on the Department of State's record	le statutory filing requirements, this date will not be listed as s.
Having been no this certificate,	nned as registered agent to accept service of proce I am familiar with and accept the appointment as t	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
<u>)</u>	Required Signature/Registered Agent	2 127 12020 Date
I submit this de document to the		re true. I am aware that the false information submitted in a
) Rea	nited Standard Decorporator	Date