P21000022422

(Requestor's Name)
(Address)
(Address)
*
(City/State/Zip/Phone #)
(Only/State/Zip/) Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

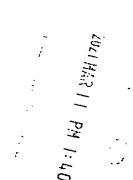
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12905 SW 42 STREET Suite: 210 MIAMI, FL 33175 Phone: 305-444-4994

Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

L.	London (CORPORATE NAME)	Jeans	USA	COPP (BOCUMENT #)	
≥.	(CORPORATE NAME)			(DOCUMENT #)	
3.	(CORPORATE NAME)			(DOCUMENT #)	
	Walk-In X Pic	k up time:	Certif	ied Copy $\ \square$ Certificate	Of Status

New Filings		
X Profit		
Non-Profit		
Limited Liab	oility	
Other:		

Amendments		
Amendments		
Resignation		
Dissolution/Withdrawal		
Other:		

Other Filings
Annual Report
Fictitious Name
Apostille:
Other:

Examiners Initials	

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

The name of the corporat	tion shall be: LONDON JEANS USA CORI		<u> </u>
ARTICLE II PRINC	CIPAL OFFICE Principal street address	Mailing address, 16994 SW 90th TER	if different is:
MIAMI, FL 33196		MIAMI, FL 33196	
ARTICLE III PURPO The purpose for which t	DSE he corporation is organized is: ANY AND A	LL LAWFUL BUSINESS	
		_	
	-	- ,-	
			-
		<u> </u>	ZUZI MAR I I
ADTICTE III CHAD	e c		MAR
ARTICLE IV SHAR The number of shares of	stock is: SHARES 100		_
	A CONTROL OF THE CTORS		PH.
ARTICLE V INITI	AL OFFICERS AND/OR DIRECTORS e: GABRIEL JOSE VELASQUEZ SANCHEZ -P	Name and Titles	
	16994 SW 90th TER		
Address	MIAMI, FL 33196	Address.	
N. Leria	DIGNA JOSEFINA RIVERO RODRIGUEZ -V	Nume and Title:	
Address	16994 SW 90th TER		
Address	MIAMI, FL 33196		
N. 177'.1		Nome and Title	
	:		
Address		Address:	
		<u>-</u>	
		 .	

Name and	d Title:	Name and Title:
Address		Address:
ADTICLE VI	DECISTEDED ACUNT	
The name and FI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	GABRIEL JOSE VELASQUEZ SANCHEZ	
Address:	16994 SW 90th TER	
	MIAMI, FL 33196	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and ac	ddress of the Incorporator is:	
Name:	GABRIEL JOSE VELASQUEZ SANCHEZ	
Address:	16994 SW 90th TER	
	MIAMI, FL 33196	
ARTICLE VIII	EFFECTIVE DATE:	(OPTIONAL)
(If an effective of	other than the date of filing: Late is listed, the date must be specific and car	not be more than five days prior or 90 days after the
filing.)		
Note: If the date the document's e	e inserted in this block does not meet the application of the date on the Department of State's record	ble statutory filing requirements, this date will not be list
Having been nam certificate, I am	ned as registered agent to accept service of proces familiar with and accept the appointment as regis	s for the above stated corporation at the place designated stered agent and agree to act in this capacity
	In that Volume	3/10/2021
	Required Signature/Registered Agent	Date
I submit this document to the	cument and affirm that the facts stated herein o Department of State constitutes a third degree fe	tre true. I am aware that the false information submitted lony as provided for in s.817.155, F.S.
	of Why	
Required Signati	are/Incorporator	Date