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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****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

Bastiat Naples, Inc.

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

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2021 JUL 19 PM 4:25

SB
7/20/21

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: Bastiat Naples, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

555 5th Ave S

Suite 101

Naples FL 34101

Mailing address, if different is:

120 Wood Ave S

Suite 407

Iselin, NJ 08830

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Womens Clothing Retail

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephan Marsan President/CEO

Address 120 Wood Ave S

Suite 407

Iselin, NJ 08830

Name and Title: Salvatore Rianna CFO/EVP

Address: 120 Wood Ave S

Suite 407

Iselin, NJ 08830

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

21 JUL 19 AM 8:55
SALVATORE RIANNA
FALLAHASSETTI

FILED

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: Paracorp Incorporated
 Address: 155 Office Plaza Dr., 1st Floor
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephan Marsan
 Address: 120 Wood Ave S, Suite 407
Iselin, NJ 08830

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

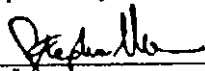
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

See the _____ Date _____
 attached. Required Signature/Registered Agent

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.


 Required Signature/Incorporator

7/16/2021
 Date

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 TALLAHASSEE, FL
 SECRETARY OF STATE

STATE OF FLORIDA
REGISTERED AGENT CONSENT FORM

DATE: 7/16/202

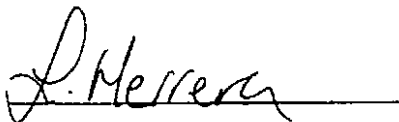
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ENTITY NAME: Bastiat Naples,
Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated

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STATE OF FLORIDA
TALLAHASSEE