

Division of Corporations  
 Florida Department of State  
 Division of Corporations  
**P22000069120**  
 Electronic Filing Cover Sheet

**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.

(((H22000309755 3)))



H220003097553ABCD

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
 Account Number : I20000000146  
 Phone : (305)444-4994  
 Fax Number : (305)328-4774

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2022 SEP -8 AM 10:22

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 GIANNIS FRAGRANCES CORP**

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

**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: GIANNIS FRAGRANCES CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8949 SW 172 AVE #1518  
MIAMI, FL 33196

Mailing address, if different is:

8949 SW 172 AVE #1518  
MIAMI, FL 33196

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: SHARES 100 @ \$1.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GIANNIS BERNARDO - P

Name and Title: \_\_\_\_\_

Address 8949 SW 172 AVE #1518  
MIAMI, FL 33196

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2019 SEP - 8 11:40:02

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: GIANNIS BERNARDO  
 Address: 8949 SW 172 AVE #1518  
MIAMI, FL 33196

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GIANNIS BERNARDO  
 Address: 8949 SW 172 AVE #1518  
MIAMI, FL 33196

949 SEP -8 AM 14:02

**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*

  
Gianni Bernardo (Sep 7, 2022 14:15 EDT)  
 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.*

  
Gianni Bernardo (Sep 7, 2022 14:25 EDT)  
 Required Signature/Incorporator \_\_\_\_\_ Date \_\_\_\_\_