1856 TRANSMITTAL LETTER Department of State SCIDOD 1 3/5 7/4 4/6 ~12/20/94~01005~017 \*\*\*\*122.50 \*\*\*\*122.50 **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 CAMISETAS SIN LIMITE. INC. SUBJECT: (Proposed corporate name) 1094-27344 Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$\_\_ FROM: CAMISETAS SIN LIMITE, INC. Name (printed or typed) db1/11/95-2636 N.W. 21st TERRACE Address MIAMI, FLORIDA 33142 City, State, & Zip (305), 635-1595

**Telephone Number** 

FILED 1995 JAN -9 PN 2:00 SECARDANC OF STATE TALLAHASSEE, FLORIDA

Note: Please provide the original and one copy of the articles.



Jim Smith Socretary of State

Docombor 27, 1994

( <sup>(</sup> )

CAMISETAS SIN LIMITE, INC. 2636 N.W. 21ST TERRACE MIAMI, FL 33142

SUBJECT: CAMISETAS SIN LIMITE, INC. Ref. Number: W94000027244

We have received your document for CAMISETAS SIN LIMITE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide an English translation for the entity's name in your cover letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick Corporate Specialist

Letter Number: 494A00054355

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## BONILLA, THOMAS & ASSOCIATES Accounting and Taxes Consultants

January 6, 1995

Florida Department of State Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

> Re: Letter no. 494A00054355 Ref. no. W94000027244

Please be advised that an english translation for Camisetas sin Limite, Inc. would be "Unlimited T Shirts, Inc." However, we will appreciate if this corporate name is recorded in the form state in the articles of incorporation.

Thanks in advance for your corporation.

Cordially, *H. Don't* Eligio Bonilla Accountant

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cc:Alida Camodeca, Pres. Camisetas sin Limite, Inc.

# ARTICLES OF INCORPORATION

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#### OF

### CAMISETAS SIN LIMITE, INC.

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE | NAME

The name of the corporation shall be:

CAMISETAS SIN LIMITE, INC.

### ARTICLE IL PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2636 N.W. 21st TERRACE MIAMI, FLORIDA 33142

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES @ \$1.00 PAR VALUE

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALIDA CAMODECA 2636 N.W. 21st TERRACE MIAMI, FLORIDA 33142

### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ALIDA CAMODECA

2636 N.W. 21st TERRACE MIAMI, FLORIDA 33142

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16 day of DECEMBER

\_\_\_\_\_, 19\_<sup>94</sup> .

Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

- 1. The name of the corporation is: CAMISETAS SIN LIMITE, INC.
- 2. The name and address of the registered agent and office is: ALIDA CAMODECA



Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE _	alder Comortens
DATE	12/15/54
DEDINIANY thank to use	
ELIGIO BONILLA Notary Public, State of Florid: My Comm. expires Mar 15, 1997 No. CC266210 DEC 1 5 1994	

**REGISTERED AGENT FILING FEE: \$35.00** 

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314