P95000695333

Date 8/31/95

Secretary of State Division of Corporations P. O. Box 6327 Talabassee, FL 32314

Re: _SHARONA'S ACCESSORIES (name of corporation)



Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

S000001579225 -09/07/85--01025--012 +***122.SU +***122.S0

SHARONA ABADI (individual's namc)

SHARONA'S ACCESSORIES, INC.

PHONE

(305) 943-7797

Area Code Number Ext.

· 	ARTICLES OF IN	CORPOR.	$477ON_{\odot}$	
•	ာ့ရ			
• •	HARONA'S ACCESSO	·poration)		SE S
The undersigned subscriber(s) to t corporation under the laws of th	hese Articles of Incorp e State of Florida	on, natural per	son(s) competent	to conflict, hereby form a
75.75	ARTICLE(I) + COR	PORATE NAM	1F	1010
The name of the corporation is:				65 0
SHARONA'S ACCE	SSORIES, INC.			
	ARTICLE II -	DURATION		•
This corporation shall exist perpe	tually unless dissolved ac	cording to Flo	rida law.	
	ARTICLE III -	PURPOSE		
The corporation is organized for H United States and the State of F	ne purpose of engaging in lorida.	any activities o	r business permitt	ted under the laws of the
	ARTICLE IV - CA	PITAL STOCE	e 7	
The corporation is authorized to is				
Dollar(s) (\$ 1.00	_) par value Common St	ock, which sha	ll be designated	"Common Shares."
ARTICL	E V - INITIAL REGISTI	ERED OFFICE	AND AGENT	
The principal office, if known, or	the mailing adress of the	e corporation i	5:	
NAME SHARONA'S ACCE	SSORIES, INC.			
	enue Bay # 8			
CHY POMPANO BEACH		FLORIDA		_{ИІ} , 33069
The name and street address of t	he Initial Registered Age	ent of this Corp	poration is:	
NAME SHARONA ABADI				
\(enue Bay # 8			
CITY POMPANO BEACH		FLORIDA		_{NIP} 33069
	TICLE VI - INITIAL BO	DARD OF DIR	ECTORS	
This corporation shall have one increased or diminished from time addresses of the initial director(s)	to time by the By-Laws,	but shall neve	r be less than on	f directors may be either e (1). The names and
NAME SHARONA ABADI				
ADDRESS 880 SW 10th Ave	enue Bay # 8			
CTTY POMPANO BEACH		STATE	FLORIDA	ZIP 33069
NAME				
ADDRESS				
CTIY		STATE		ZIP
NAME				
ADDRESS				

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

 ∂F

SHARONA'S ACCESSORIES, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at .	880 SW	10th Av	enue Bay	# 8	
	POMPANO	BEACH,	FLORIDA	33069	
has	named	SHAR	ONA ABAD	[
loca	ited at the afore	said addres	s, as its Regist	ered Agent to a	ecept service of proces
with	in this state.				

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

registered agent

$AALICLE\ VII + INCORPORATORS$

The names ar	id addresses of the	incorporators	signing these	Articles of	Incorporation	are as follows:
·						

NAMU SHARONA ABADI PRES/SEC/DIR			e e
Appropries 880 SW 10th Avenue Bay # 8	۱ -		
CHY POMPANO BEACH	SIAII	FLORIDA	ZIP 33069
NAMI			
ADDRESS			and the second s
CTCY	STATE		ZIF
NAMI!			
ADDRESS			
СПУ	STATE	· · · · · · · · · · · · · · · · · · ·	ZIP
day of AUGUST , 19_95 .	Gavons P) .	(Scal)
	***************************************		(Scal)
STATE OF FLORIDA) SS			
COUNTY OF BROWARD			
before me, a Notary Public authorized to take acknowled appeared SHARONA ABADI	gements in the Stal	e and County so	et forth above, personally
known to me and known to be the person(s) who exacknowledged before me thatSHE executed the	-	-	Incorporation, and who
IN WITNESS WHEREOF, I have hereunto affixed my han	d and scal, in the St	ate and County a	foresaid, this 31
day of <u>AUGUST</u> , 19 <u>95</u> .	Walley 7	fame	17
(Notary Seal) (Notary P	ublic, State of Florida	ar (.drge)	
My Comp	sission expires:		

MA COMMITTEE ON EXISTEED RESTORED MATTLES IT SYMPETEON MOTOUR STATE OF FLORIDA MATTLES IT SAMPETEON OFFICIAL CONTRACTORED OFFICIAL CONTRACTORED OFFICIAL CONTRACTORED MATTLES AND MATTLES