## TRANSMITTAL LETTER 22 THE TO

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

600001591696 -09/22/95--01067--010 \*\*\*\*122.50 \*\*\*\*122.50

SUBJECT:	AUThentic	PORCELAIN	Ine
	(Proposed corporate same	must include suffix)	

Enclosed is an original and one (1) copy of the articles of incorporation and a check tor :

\$70.00

Tilmy Lie

\$ 78.75

Libratice & Cerutable

√ \$122.50

fring Lec & Certified Capy. \$131.25

ilibrig Lee, Cembed Copy & Certificate

Additional Copy Required

FROM:

ONIL'S FERNANDEZ

3100 Collins AUE # 504

MIAHI BEACH JR 33140 City, State & Zip

(305) 531-9608

Daytime Telephone number

\$ FRM SEP 25 1000

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

### ARTICLES OF INCORPORATION

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 I NAME

The name of the corporation shall be

AUTHENTIC PORCELAIN, Dra

ARTICLE II PRINCIPAL OFFICE

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

3100 Collins QUE Sinte #504 HIAMI BEACH, Al 33140

ARTICLE III SHARES

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

ARTICLE IV INTHAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

ANTONIO LIZANO 3100 Cellins AUE # 504 MIAMI BEARN, Fl 33140

#### ARRICLEV = INCORPORATOR(S)

See instructions for officers/directors

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

ONILLE JERNANDEZ 3100 COLLINS AUE # 504 Minni Beach, SR 33140

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

14 day of april

14 95

fgnatur

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

OPPICIAL NOTARY SEAL
F TUYA
NOTARY PUFFLIC STATE OF FLORIDA
COMMISSION NO CC266883
MY COMMISSION NO PROPRESSES

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE 22 TWO CL

PURSUANT TO THE PROVISIONS OF SECTION 607 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

ł	The name of ("m corporation is	Authentie	Torcelsin Ine
2 The name and address of the registered agent and office is			
	ANTONIO CIZANO		
	.5/00 (P.0 Box)	COLLINS RUE OF MAIL DROP BOX NOT ACCEPTABLE	suite # 50x
	HINA	Bearing Ff	33140

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.

4-14-95 (SIGNATURE) (DATE)

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