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**Corporate Research Services**

4244 W. Tennessee St., Suite 388  
Tallahassee, FL 32304  
(904) 530-1128  
(800) 817-4731

REX REKSTIS

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Chenise Corporation  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

DMC  
3-12-96

FILED  
96 MAR 12 AM 11:43  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

96 MAR 12 PM 10:24  
TALLAHASSEE, FLORIDA  
OFFICE OF THE CLERK

**ARTICLES OF INCORPORATION**  
**OF**

CHEMISE CORPORATION

*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: CHEMISE CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:  
10619 W. Atlantic Blvd., Suite 307

Coral Springs, FL 33071

**ARTICLE III SHARES**

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

500

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Monika Todoroff, 10619 W. Atlantic Blvd., Suite 307  
Coral Springs, FL 33071

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TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

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

Monika Todoroff, 10619 W. Atlantic Blvd.  
Suite 307, Coral Springs, FL 33071

**ARTICLE VI PAR VALUE**

\$ 1 par value

**ARTICLE VII LIMITED LIABILITY**

The share holders, officers, directors, other managers and creditors of the corporation are not responsible to others for the representations, promises, debts, obligations, duties, taxes, charges and/or liabilities of the corporation. Only the corporation is responsible for it's business.

**ARTICLE VIII PURPOSE'S**

All lawful purpose.

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

11th day of March 96 1996 .

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 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.

CHEMISE CORPORATION

1. The name of the corporation is: \_\_\_\_\_

2. The name and address of the registered agent and office is:

Monika Todoroff

\_\_\_\_\_  
(Name)

10619 W. Atlantic Blvd., Suite 307

\_\_\_\_\_  
(P.O. Box not acceptable)

Coastal Springs, FL 33071

\_\_\_\_\_  
(City/State/Zip)

*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)

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