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TRANSMITTAL LETTER

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

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SUBJECT:	SIGNATURES	BOUTIQUE,	本心C.
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for:	\$70.00 Filing Fee	#78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	#131.25 Filing Fee, Certified Copy & Certificate y Required		
	FROM:	M C Name	nele Leon (printed or typed)	<u>e</u>		
		<u>4392</u>	Northlak Address	e Blrd.		
		PAM B	each Gard y, State & Zip	dens, FC 3	3410	
	. 7) 627 - 50 Telephone number	05	SECRETARY TALLAHVOSES	受ける 本 原収

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:

Signatures Boutique, Inc.

ARTICLE II PRINCIPAL OFFICE

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

208 Sunset Avenue PAIM BEACH, FLORIDA 33480

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:

Michele Leone 4392 Northlake Boulevard Palm Beach Gardens, FL 33410



ARTICLE V 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):

Bernadette Sabia 101 Council Street Cayuga Island, NF-NY 14304

Michele Leone 4392 Northlake Blud. Pala Beach Gardens, FL 33410

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

15th day of April , 19 96.

(An additional article must be added if an effective date is requested.)

Signature

Notarization is not required

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

1.	The name of the corporation is: Signatures Boutique, Inc.
2.	The name and address of the registered agent and office is:
	Michele Leone E
	4392 Nonthlake Blud. (P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	PAIN BEACH GARdens, FL 33410 (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)

(DATE)