(Proposed corporate name - must include suffix)

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

SUBJECT:

Filing Fee	Filing Fee & Certificate	#122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate  y Required	NG 19 PH
FROM:	Namo	e (printed or typed)		PH 1:53 EE.FLORIBA
	Miam	NENCHIAN D Address BEACH FO	,	

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.

The name of the corporation shall be:  CARIBBEAN SHYLE INC.	THE SOURCE OF TH
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:	CHE STORING

29E VENETIAN WAY #27 Minmi BEACK FL. 33139

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:

WALTER A. JUBA 29E VEWETIAN WAY #27 Minni BEACH 33139

## 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):

# WALTER A. Juba

29E VENETIAN WAY #27

MINIMI BEACH FL. 33139

2 LUSIA C. TERNANDEZ

1975 WAShington AUE Apt. 307

MINIMI BEACH. FL. 33139

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

16 day of Aug., 19 96.

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

Signature

Luisa Fernmon-

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:	CARIBBEAR	Style	Inc
2. The name and address of the reg	gistered agent and office is:	TALL	6 7
Walte	(NAME)	MASSEE	16 19 PH
29E. (P.O.)	Sox or Mail Drop Box NOT ACCEPTABLE)	27 FLORIS	1:53
Miam	CITYSTATE PL. 3	<u>313</u> 9	•

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.

That (SIGNATURE) 8/16/96 (DATE)