## FILED Scmoran Address 96 OCT -7 AH 11: 40 SECRETAL STATE TALLAHASSEE, FLORIDA Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 400001988604 -10/08/96--01108--011 \*\*\*\*\*70.00 \*\*\*\*\*70.00 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) □ Walk in Pick up time Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status HENEW FILINGS AMENDMENTS TO Profit Amendment Nor.Profit Resignation of R.A., Officer/ Director Mable Felix + Sam GAVE Limited Liability Change of Registered Agent AUTHORIZATION BY PHONE TO **Domestication** Dissolution/Withdrawal CORRECT RAY Trease, Address Other DATE OCT. 8, 1996 Merger DOC. EXAM OTHER FILINGS REGISTRATION/ Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

CR2E031(1/95)

Other

Examiner's Initials



September 26, 1996

MABEL FELIX 709 S. SEMORAN BLVD. ORLANDO, FL 32807

SUBJECT: RAIZA FASHIONS, INC. Ref. Number: W96000020322

We have received your document for RAIZA FASHIONS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

The corporate fees and as follows:

## **CORPORATIONS FILING FEES**

Profit and NonProfit Florida & Foreign Corp.

Filing Fees

Registered Agent
Designation \$35.
Certifed Copy \$52.50

Total Fee Due \$122.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6927.

Kathy Hyman Document Specialist

Letter Number: 196A00044265

**\$**35.

## ARTICLES OF INCORPORATION OF RAIZA FASHIONS, INC.

FILED

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SECRETARI DI STATE
TALLAHASSEE, FLORIDA

#### ARTICLE I NAME

The name of the Corporation Shall be: RAIZA FASHIONS, INC.
The principal place of business of this corporation shall be: 709 S. Semoran Blvd. Orlando, FL 32807.

## ARTICLE II NATURE OF BUSINESS

The Corporation may engage in or transact any or all lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

## ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is one thousand (1,000) at \$1.00 Par.

## ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

## ARTICLE V OFFICERS DIRECTORS

The names and street addresses of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successors are elected, are:

Mabel Felix P/D

Luciano Felix VP/D

Luciano Felix S/D

Rafael Fernandez Dominguez T/D

## ARTICLE VI INCORPORATOR(S)

The names and street addresses of the incorporator to this articles of incorporation are: Mabel Felix P/D 709 S. Semoran Blvd., Orlando, Fl. 32807.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this September 16, 1996.

Signature(s) of Incorporator(s)

#### STATE OF FLORIDA COUNTY OF ORANGE

THE FOREGOING instrument was acknowledged and sworn to before me this 16th day of September 1996 by Mabel Felix, to me personally known to be her and the President of the above Corporation.

My Comm Exp. 3/21/99
NOTARY Bonded By Service ins
No. CC447024

Stary Public MARIE SOLAND

DL# PL420-540-65-832-0

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

The name of the corporation is: RAIZA FASHIONS, INC.

The name and address of the registered agent and office is Mabel Felix - 709 S. Semoran Blvd. Orlando Fl., 32807.

SIGNATURE Corporate officer)

TITLE 16 196

DATE 9 16 196

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE YY OLDUL F

Dated September 16, 1996