

**CORPORATE
ACCESS,
INC.**

P96000085314

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666

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FILING

1.) Kiddie Klothes Inc
(CORPORATE NAME & DOCUMENT #)

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SPECIAL INSTRUCTIONS

FILED
96 OCT 16 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NC OCT 16 1996

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:

KIDDIE KLOTHES INC

ARTICLE II PRINCIPAL OFFICE

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

3026 NW FEDERAL Highway
Jensen Beach, FL 34957

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:

SIMA MOHASERPOUR
7498 NW 49 Street
Lauderhill, FL 33319

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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):

SIMA MOHAJER POUR

7498 NW 49 ST

Lauderhill FL 33319

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

_____ day of OCT / 11 /, 1996.

Sima Mohajer Pour
Signature

Signature

Signature

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

SIMA MOHAJERPOUR
(NAME)

7498 NW 49 Street
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Lauderhill FL 33319
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Sima Mohajerpour
(SIGNATURE)

10/11/96
(DATE)