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## FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS

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FAX #:

FROM: TODD W. KLISTON, ESQ.

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ACCT#:

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NAME: HANDBAGS BY SARJON, INC.

AUDIT NUMBER...... 197000012251

DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...

PAGES..... 9

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## ARTICLES OF INCORPORATION OF HANDBAGS BY SARJON, INC.

The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract, does hereby form a corporation under the laws of the State of Florida.

#### ARTICLE I

## CORPORATE NAME

The name of the corporation is Handbags by Sarjon, Inc.

#### ARTICLE II

## **NATURE OF BUSINESS**

The corporation may transact any lawful business for which corporations may be incorporated under the Florida Business Corporations Act.

## ARTICLE III

#### CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is One Thousand (1,000) shares of common stock. The consideration paid for each share shall be fixed by the Board of Directors from time to time.

Todd W. Kliston, Esq. 8211 W. Broward Blvd., Suite 375 Plantation, Florida 33324 Florida Bar # 163001

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#### ARTICLE IV

#### CERTIFICATES

Shares of the corporation must be evidenced by the issuance of certificates. The form and content of the certificates shall be as prescribed by Florida Law.

## ARTICLE V

#### **ADDRESS**

The initial street address of the principal office of this corporation is 10940 Crescendo Circle, Boca Raton, FL 33498.

## **ARTICLE VI**

## TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE VII

## INDEMNIFICATION

Each director, stockholder and officer, in consideration for his services, shall, in the absence of fraud, be indemnified, whether then in office or not, for the reasonable cost and expenses incurred by him in connection with the defense of, or for advice concerning any claim asserted or proceeding brought against him by reason of his being or having been a director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be inclusive of any other rights to which any director, stockholder or officer may be entitled as a matter of law.

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## ARTICLE VIII

#### INITIAL DIRECTOR

The name and address of the initial Director who shall hold office until her successor is elected and has qualified is:

John Gumpman

10940 Crescendo Circle Boca Raton, FL 33498

#### ARTICLE IX

#### INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is as follows:

NAME

**ADDRESS** 

Todd W. Kliston

8211 W. Broward Blvd, Suite 375 Plantation, PL 33324

## ARTICLE X

## REGISTERED OFFICE & REGISTERED AGENT

The street address of the corporation's initial registered agent is 10940 Crescendo Circle, Boca Raton, FL 33498 and the name of the initial registered agent at that office is John Gumpman.

#### ARTICLE XI

#### EFFECTIVE DATE

The initial date of incorporation shall be effective on the date this document is filed as evidenced by the department of State's date and time endorsement on the original document.

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## ARTICLE XII

## **AMENDMENT**

These Articles of Incorporation may be amended in the manner provided by Florida Law.

Date: 30-4 25, 1997

Todd W. Kliston

FAX AUDIT #: H9700012251

# ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

· ODDO II II O II	<del>-</del>					
FIRST _ Handbags by Sarjon, Inc, DESIRING TO ORGANIZE						
(name of corporation)						
OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS						
PRINCIPAL PLACE OF BUSINESS AT CITY OF Boca Raton						
				(city)		<b></b> '
STATE OF	Florida	, has n	AMED J	ohn Gumpma	an	
(state) (name of r				me of registe	red agent)	<del></del> ,
	10940 Cresce					
(street address) (post office boxes are not acceptable)						
CITY OF	Boca Raton	, STATE	OF FLORII	DA, AS ITS A	GENT TO	)
ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.						
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY STATE THAT I AM FAMILIAR WITH, AND ACCEPT THE OBLIGATIONS OF THIS POSITION.  SIGNATURE:						
(REGISTERED AGENT)						
DATE: JULY 25, 1997						
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