P978000 72916 TRANSMITTAL LETTER

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

700002273277---3 -08/21/97--01029--002 ******78, 75 | ******78, 75

SUBJECT:	The Millemi			
	(Proposed o	corporate name - must include	e suffix)	
Enclosed is an original	and one(1) copy of the article	es of incorporation and a c	check for:	
\$70.00	S (\$78.75	□\$122.50	\$131.25	
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Cor	27
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		ADDITIONAL CO	PY REQUIRE	و ایم
	1 threat	Deciding.	A	AUG
FROM: _	Name (Printed or typed)			FILED 621 AM
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME	A	RTI(CLE	I	NAME
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The name of the corporation shall be:

The Millenson Shoe Corp.

ARTICLE II PRINCIPAL OFFICE

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

5411 NW 8612 WG1 (314/ SP/191 61 3306)

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Anthony Condice
(Still No PER Way
(Sold Springs Fl 3306)

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Anthony Gudice 5-411 Now Ybra Way Cosal Springs Fl 33062

Signature/Incorporator

8/11/47

Data

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

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/Registered Agent

Date

P/11/10