TRANSMITTAL LETTER

P97000102029

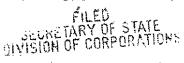
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:		AMILY FASH	
	(Proposed corpor	rate name - must include suf	200002359 -12/01/970
Enclosed is an originate	al and one(1) copy of the articles	s of incorporation and a c	****131.25
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
FROM:	LOUISAINT CII	ADDITIONAL CO. LY AND MARION inted or typed)	
The second se	16012 NW 2ND A	₩ ddress	91
	MIAMI FL 339 City, S	State & Zip	DEC -

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

12-4-97



ARTICLES OF INCORPORATION

97 DEC -1 AM 7:52

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

Business Corporation Act, hereby adopts the following Articles of Incorporation.
ARTICLE I NAME
The name of the corporation shall be:
CILLY FAMILY FASHION INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
16012 NW 2ND AVE MIAMI FL 33169.
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ONE THOUSAND.
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are: LOUISSAINT CILLY
16012 NW 2 D AVE MIAMI FL 33169.
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are: LOWSSAINT CILLY
16012 NW 2nd Ave Miami, FL 33169
John 11/25/97 H Signature/Incorporator Date
H Signature/Incorporator Date

(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