OFFICE USE ONLY (Decement) LAZARUS CORPORATE FILING SERVI (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-597 (City, State, Zip) (Phone # LOCAL REPRESENTATIVE TALLAHASS	73	FICE USE ONLY	74	
CORPORATION NAME(s) & DO	CUMENT NUMBER (S	S) (if known):		
1. BUBBLES, L	NC.			
(Corporation Name)	(Do	ocument #}		
(Corporation Name)	(Do	ocument #)		
(Corporation Name)	(Do	ocument #)		
4. (Corporation Name)	(De	20080 ocument#) 20080	23/9801045002 *122.50 ****122.50	
Walk in Pick up time	_	た Certified Copy	*122.50 ****122.58	
Mail out Will wait	Photocopy	Certificate of Status	98 FEB :	
NEW FILINGS	AMENDMENTS		SSEE C	
Profit	Amendment		AMII: 58	
NonProfit	Resignation of R.A., Of	ficer/Director	II: 58	
. Limited Liability	Change of Registered A	gent	⊅	
Domestication	Dissolution/Withdrawal			
Other	Merger		014	
Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark	7/23	PRECEDUED 98 FEB 23 MM II: 28 DIVISION OF CORPORATION	
	Other	Examiner'	s Initials	
		Pyginnici		



February 23, 1998

LAZARUS

MIAMI, FL

SUBJECT: BUBBLES, INC. Ref. Number: W98000003937

We have received your document for BUBBLES, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6934.

Letter Number: 998A00010098

Loria Poole Corporate Specialist

98 FEB 27 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORID

ARTICLES OF INCORPORATION

OF

BUBBLES SHOP, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be: BUBBLES SHOP, INC.

GALERIA INTERNATIONAL MALL

255 EAST FLAGLER STREET SUITE # 84-86 MIAMI,FL 33131

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

RETAIL & WHOLESALE CLOTHES, SHOES, ETC.

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

 To have perpetual succession by its corporate name;

ARTICLE_IV

The amount of capital with which this corporation shall begin business is FIVE HUNDRED DOLLARS (\$ 500.00) DOLLARS.

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 500 shares, having an individual par value of \$ 1.00-----

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

MOHAMAD J AL-HADARI 9551 FOUNTANEBLUE BLVD # 201 MIAMI,FL. 33172-6806

ARTICLE VI

The initial Board of Directors shall consist of a total

٦,

of 1 (2) person(s), and the name(s) and address of the person(s) who is to serve as an initial director is:

MOHAMAD J AL-HADARI
9551 FOUNTANEBLUE BLVD. # 201
MIAMI,FL.33172-6806

The name and address of the President , who shall hold office until their successors are elected or appointed or have qualified is:

PRESIDENT: MOHAMAD J AL-HADARI

50%

VICE-PRESIDENT: SANDRA DIAZ

50%

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 18TH day of

FEBRUARY 1998.

STATE OF FLORIDA

SS.

COUNTY OF DADE

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above, personally
appeared MOHAMAD J AL-HADARI & SANDRA DIAZ

known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 18TH.

day of FEBRUARY, 1998.

NOTARY PUBLIC, STATE OF FLORIDA

AT LARGE

RAUL J. SANTIAGO

OFFICIAL NOTARY SEAL RAUL J SANTIAGO COMMISSION NUMBER C C 6 08 89 4 MY COMMISSION EXPIRES JAN. 4,2001

My Commission Expires:

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: BUBBLES, SHOP, INC.
- 2. The name and address of the registered agent and office is:

MOHAMAD J AL-HADARI (NAME)

9551 FONTAINEBLUE BLVD. APT.201

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33172 (CITY/STATE/ZIP)

98 FEB 27 AM II: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 /

DATE 2-18-98