



ACCOUNT NO. : 072100000032

REFERENCE : 732879 7146328

AUTHORIZATION : *Patricia Pujute*

COST LIMIT : \$70.00

ORDER DATE : March 9, 1998

ORDER TIME : 9:37 AM

ORDER NO. : 732879-005

CUSTOMER NO: 7146328

CUSTOMER: Kenneth A. Knox, Esq  
KENNETH A. KNOX, ESQ.

Suite 2300, Nationsbank Tower  
1 Financial Plaza  
Fort Lauderdale, FL 33394

700002450247--1

DOMESTIC FILING

NAME: ~~KID CLOVES, INC.~~

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Glisar

EXAMINER'S INITIALS:

*2545  
W98-571*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 MAR -9 PM 12: 21

RECEIVED  
98 MAR -9 AM 10: 43  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

March 9, 1998

CSC NETWORKS  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

SUBJECT: KID GLOVES, INC.  
Ref. Number: W98000005171

**RESUBMIT**

Please give original  
submission date as file date.

We have received your document for KID GLOVES, INC. and the authorization to debit your account in the amount of \$70.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 098A00012684

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P.008  
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98 MAR -9 PM 12:21

# ARTICLES OF INCORPORATION OF

KID GLOVES OF PLANTATION, INC.

*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:

KID GLOVES OF PLANTATION, INC.

## ARTICLE II PRINCIPAL OFFICE

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

Suite 2300  
One Financial Plaza  
NationsBank Tower  
fort Lauderdale, Florida 33394

## ARTICLE III SHARES

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

1,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kenneth A. Knox  
Suite 2300  
One Financial Plaza  
NationsBank Tower  
Fort Lauderdale, Florida 33394

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P. 009

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Kenneth A. Knox, Esquire  
10501 Northwest 5th Court  
Plantation, Florida 33324

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

6th day of March, 1998

Kenneth A. Knox  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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**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: KID GLOVES OF PLANTATION, INC.
2. The name and address of the registered agent and office is:

Kenneth A. Knox  
(NAME)

Suite 2300  
One Financial Plaza  
NationsBank Tower  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Fort Lauderdale, Florida 33394  
(CITY/STATE/ZIP)

*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.*

*Kenneth A. Knox*  
(SIGNATURE)

3/6/98  
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314