P980800059408

JUNE 29th, 1998

800002577228--8 -07/01/98--01033--016 ****367.50 ****122.50

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314

RE: ARTICLES OF INCORPORATION
MARITZA'S FASHION OF PALM BEACH, INC.

DEAR SIRS,

ENCLOSED YOU WILL FIND MY CHECK IN THE AMOUNT OF \$122.50 WHICH PAYS THE FILLING FEE, RESIDENT AGENT FEE, AND CERTIFIED COPY OF THE ARTICLES OF INCORPORATION INCLUDED HEREIN.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER, AND IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME IMMEDIATELY.

VERY TRULY YOURS,

DALIA MELENDEZ 680 SO. MILITARY TR. SUITE B WEST PALM BEACH, FLORIDA 33415 (561)478-1777 DIVISION OF CORPORATIONS
98 JUL - 1 PM 12: 54

1,0%

ARTICLE OF CORPORATION

OF

MARITZA'S FASHION OF PALM BEACH, INC.

ARTICLE I

NAME

The name of this Corporation shall be:

MARITZA'S FASHION OF PALM BEACH, INC.

ARTICLE II

PURPOSE

This corporation is organized for the purpose of operating as RETAIL STORE transacting any and all lawful **business**.

ARTICLE III

CAPITOL STOCK

This corporation is authorized to issue 1000 shares of \$1.00 par value common stock.

ARTICLE IV

INITIAL PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial principal office and registered office of this corporation is 5285 FOX TRACE DR, WEST PALM BEACH, FLORIDA 33417 and the name of the initial registered agent of this corporation at the above address is:

MARITZA DOYLE

SECRETAR COMPORATIONS
SECRETAR OF COMPORATIONS
98 JUL - 1 PM 12: 55

ARTICLE V

DIRECTORS

This corporation shall have two (2) Director (s) initially. The number of Directors may be either increased or diminished from time to time by-laws but shall never be less than one.

The name and address of the initial Director (s) of this corporation is:

MARITZA DOYLE
5285 FOX TRACE DR.
WEST PALM BEACH, FL 33413

JACK DOYLE
5285 FOX TRACE DR.
WEST PALM BEACH, FL 33417

ARTICLE VI

INCORPORATORS

The name and address of the person (s) signing these Articles is:

MARITZA DOYLE 5285 FOX TRACE DR. WEST PALM BEACH, FL 33417 JACK DOYLE 5285 FOX TRACE DR. WEST PALM BEACH, FL 33417

ARTICLE VII

POWERS

This corporation shall have all of the corporate powers enumerated in the Florida General Corporation Act.

ARTICLE VIII

INDEMNIFICATION

The corporation shall indemnify any officer, director or former officer, and former director to the full extent permitted by law.

ARTICLE IX

AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment to them, and any right conferred upon the shareholders is subject to this reservation. IN WITNESS WHERE OF, the undersigned subscriber has executed these Articles of Incorporation on this 26^{TH} JUNE, 1998

MARITZA DOYLE

PRESIDENT

ACK DOYLE

//ICE PRESIDENT

COUNTY OF PALM BEACH STATE OF FLORIDA

BEFORE ME, the undersigned authority, this day personally appeared MARITZA DOYLE and JACK DOYLE who after being duly sworn, deposes and say that the facts contained above are true and correct, and that he has executed the same for the purposes contained herein.

WITNESS my hand and official seal this 26TH JUNE, 1998.

*CC 647350

*CC 647350

*CLIC, STATE OF THE STATE OF THE

DALIA MELENDEZ NOTARY PUBLIC, STATE OF FL. COMMISION INFORMATION: CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA. NAMING AGENT UPON WHICH PROCESS MAY BE SERVED. IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES.

THE FOLLOWING IS SUBMITTED:

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA.

WITH IT'S PRINCIPAL PLACE OF BUSINESS 5700 OKEECHOBEE BLV STE 937, WEST PALM BEACH, FLORIDA 33417 AND COUNTY OF PALM BEACH, STATE OF FLORIDA AS IT'S AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.

CORPORATE OFFICER

TOSIDENT

DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT OF SAID CORPORATION, AND I HEREBY COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PRFORMANCE OF MY DUTIES.

SIGNATURE

DATE