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7/21/98

## FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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DIVISION OF CORPORATIONS TO:

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.

ACCT#: 071001002335

CONTACT: LIDIA FERNANDEZ

FAX #: (305)716-0346

PHONE: (305)599-0839

NAME: YOHAN'S FASHION INC.

AUDIT NUMBER..... H98000013487

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 3

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLE OF INCORPORATION

OP

YOHAN'S FASHION INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: YOHAN'S FASHION INC.

The principal place of business of this corporation shall be:

LS650 Bull Rum Rd. # 5085

HIAMI LAKES, FLORIDA 33014

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 x \$ 10.00 = \$ 1,000.00

## ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

PREPARED BY: BASIC ACCOUNTING SERVICE 692 West 29 Street #9 Hialeah, fl. 33012 (305) 887-4185

# ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

YOHAN DEMORITI 15650 BULLRUN RD. # 5085 MIAMI LAKES, FLORIDA 33014 DIRECTOR

#### ARTICLE VI INCORPORATOR (S)

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

Yohan Demori2/ 15650 Bullrun RO. # 5085 Niani Lakes, Florida 33014 PRESIDENT, SECRETARY & TREASURER
100 Shares

Signature/Title

The undersignetion this 2	ed has(have) I <b>th.</b> day of	executed July	these Article ,19 <b>98</b>	of Incorpora
				~ .
		_	Signature	/Title
		<del></del>	Signature	/Title

# CERTIFICATE OF DESIGNATION 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.

	name of the corporation is:
The is	name and address of the registered agent and office
T-0	(Name)
<u>.</u>	15650 BULLRUN RD. # 5085 (P. O. BOX NOT ACCEPTABLE)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE MAN COMOLY ALLAND SIGNATURE TO SIGNATURE SIGNATURE