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LOCAL REPRESENTATIVE TALLAHASSEE

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

98 SEP 24 PM 12:17

FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ACCESSORIES ASSET MANAGEMENT INC.  
(Corporation Name) (Document #)

2. 200002648002--8  
(Corporation Name) (Document #) -09/24/98--01039--014  
\*\*\*\*122.50 \*\*\*\*122.50

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

9/24  
Examiner's Initials

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98 SEP 24 AM 10:29

DIVISION OF CORPORATION

# ARTICLES OF INCORPORATION

*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.*

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE I NAME

The name of the corporation shall be: ACCESSORIES ASSET MANAGEMENT INC.

## ARTICLE II PRINCIPAL OFFICE

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

170 N.W. 85 Court Miami Fl. 33126

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 Common Stock

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAUL F. CHINEA 170 N.W. 85 Court Miami fl. 33126

**ARTICLE V INCORPORATOR(S)**

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

RAUL F. CHINEA  
170 N.W. 85 Court Miami Fl. 33126

**ARTICLE VI DIRECTOR(S)**

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

RAUL F. CHINEA (P)  
170 N.W. 85 Court Miami fl. 33126

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 22 day of September, 1998.

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**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.

1. The name of the corporation is: ACCESSORIES ASSET MANAGEMENT INC.

2. The name and address of the registered agent and office is:

RAUL F. CHINEA  
(NAME)

170 N.W. 85 Court  
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33126  
(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.

SIGNATURE



DATE

9-22-98

98SEP 24 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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REGISTERED AGENT FILING FEE: \$35.00