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LAZARUS CORPORATE FILING SERVICE, I  (Requestor's Name)  3320 S.W. 87th AVENUE  (Address)  MIAMI, FLORIDA (305)552-5973  (City, State, Zlp) (Phone #)	10002590311 -11/18/9801032010 ******78.75 ******78.75
LOCAL REPRESENTATIVE TALLAHASSEE	
	OFFICE USE ONLY
CORPORATION NAME(S) & DOCUME	NT NIMRER(S) (iffmour)
t -	THE INCIDENCES (II KNOWN):
1. SOVOMAR SISIE	RS 120011QUE, INC.
(Corporation Name)	(Document #)
Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
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		of			
	SOYOMAR S	ISTERS	BOUTIQUE, IN	NC.	·
	(nam	e of corpo	ration)		
The undersign form a corpora	ned subscriber(s) to these Articles of i ation under the laws of the State of Fl	ncorporati lorida.	on, natural perso	n(s) co	mpetent to contract, hereby
The name of t	ARTICLE I he corporation is:	- CORPO	RATE NAME		98 M
·	SOYOMAR S	ISTERS	BOUTIQUE, II	VC.	字型 <u>字</u> 型 <u> </u>
This corporati	ARTICI ion shall exist perpetually unless disse	LE II - DU olved acco	URATION rding to Florida 1	aw.	ASSEE, F
Th	ARTIC	LE III <b>-</b> P	URPOSE		E ST T
the United Sta	on is organized for the purpose of engates and the State of Florida.	gagin <b>g in</b> a	any activities or b	usiness	permitted under the laws of
The corporation Dollar(s) (\$1	on is authorized to issueFIVE I	HUNDRED	omatos (	500 be desi	) of ONE gnated "Common Shares".
The street addr	ARTICLE V - INITIAL R ress of the Initial Registered Agent of	EGISTER	RED OFFICE A	ND 40	SFNT
NAME	YOLANDA BASTIAN	-			
ADDRESS	15997 S.W. 110 ST				
CITY	MIAMI	STATE	FLORIDA	ZIP	33196
The principal	office, if known, or the mailing addr				33130
NAME	SOYOMAR SISTERS BOUTIQUE		oxporation is.	·····	
ADDRESS	15997 S.W. 110 ST	E, INC.	·		·
CITY	MIAMI	Contamo	FLORIDA	<u> </u>	22706
C111		STATE	FLOKIDA	ZIP	33196
This corporati	ion shall have THREE be either increased or diminished from diaddresses of the initial director(s) of	m time to	directed	ors initi	ially. The number of at shall be less thatn one (1).
NAME	YOLANDA BASTIAN	PRES	IDENT	-	· · · · · · · · · · · · · · · · · · ·
ADDRESS	15997 S.W. 110 ST				
CITY	MIAMI	STATE	FLORIDA	ZIP	33196
NAME	MARIA L. MONTES	VICE	PRESIDENT	*	
ADDRESS	15997 S.W.110 ST	<del>-</del>			
CITY	MIAMI	STATE	FLORIDA	ZIP	33196
NAME	MARTHA S. PALOMINO	SECRE	TARY/TREASU		-
ADDRESS	15997 S.W. 110 ST				W

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STATE

FLORIDA

ZIP 33196

15997 S.W. 110 ST

CITY

### Article VII - INCORPORATORS

The na	mes and addresses of					
IAME	YOLANDA BASTI				****	p., 1
DDRESS	15997 S.W. 11					, w
ITY	MIAMI	,	STATE	FLORIDA	ZIP 33196	<u>.</u>
AME	MARTHA S. PAI	LOMINO		PLORIDA	33196	
DDRESS	15997 S.W. 11		<u> </u>	······································	<u> </u>	·
ITY			STATE	<u> </u>	ZIP 22106	
AME	MIAMI			FLORIDA	33196	
DDRESS		. = -		·		
ITY			CT A TOT	<u> </u>		
			STATE	<del></del>	ZIP	
WITNESS	WHEREOF, the und	ersigned subs	criber (s) hav	ve executed the	se Articles of Inco	poration this 17
y of	NOVEMBER	, 19_9	<del></del>		-	
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COUNTY O	F MIAMI DADE  Notary Public author	rized to take a	SS  cknowledgm	ents in the Stat	te and County set fo	
COUNTY O	F MIAMI DADE  Notary Public author	rized to take a	SS cknowledgm and MART	ents in the Stat	MINO	
COUNTY O	F MIAMI DADE  Notary Public author	rized to take a	SS cknowledgm and MART	THA S PALO	MINO KNOWN	
COUNTY O	MIAMI-DADE  Notary Public author  ppeared: YOLANDA	rized to take a	SS cknowledgm and MART	THA S PALO	MINO KNOWN Form of Identification	
COUNTY O	MIAMI-DADE  Notary Public author  ppeared: YOLANDA	rized to take a	SS cknowledgm and MART	THA S PALOR PERSONALLY PERSONALLY	MINO KNOWN  Form of Identification KNOWN	
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## CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

#### CERTIFICATE OF REGISTERED AGENT OF

SOYOMAR SISTERS BOUTIQUE, INC.

(name of corporation)

(mante of corporation)				
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at15997_S_W110_ST	<b>:</b> 1			
has named YOLANDA BASTIAN	<u> </u>	<b>,</b> .	•	
located at the aforesaid address, as its Registered Agent to accept service of process within this state.  **ACKNOWLEDGEMENT**  Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.	SECKETALY OF STATE TALLAHASSEE, FLORIDA	98 NOV 18 PM 1: 13		
Carlina (registered agent)	- · .	•		 