

Florida Department of State

Division of Corporations Public Access System Sandra B. Mortham, Secretary of State

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To:

Division of Corporations

Fax Number

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)541-3694 Phone

: (305)541-3770 Fax Number

FLORIDA PROFIT CORPORATION OR P.A. CLASSICAL & INNOVATIVE DESIGNS, INC. INNOVATIVE DESIGN INCORPORATED

Certificate of Status	0
Certified Copy	1
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EMPIRE CORPORATE KIT

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 31, 1998

EMPIRE

SUBJECT: INNOVATIVE DESIGNS INCORPORATED

REF: W98000029304

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

THE NAME CONFLICT IS INNOVATIVE DESIGNS, INC. DOTC #562211.

The registered agent and street address must be consistent wherever it appears in your document.

If you have any further questions concerning your document, please call (850) 487-6067.

Neysa Culligan Document Specialist FAX Aud. #: H98000024409 Letter Number: 098A00061143

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ARTICLES OF INCORPORATION

OF

CLASSICAL & INNOVATIVE DESIGNS, INC.

These Articles are in compliance with Chapter 607, F.S.

Article I

The name of this corporation shall be: CLASSICAL & INNOVATIVE DESIGNS, INC.

99 JAN 13 AM 9:
SECRETARY OF STA

Article II

This corporation shall commence existence upon the date 8f filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

Article III

The principal place of business and mailing address of this corporation shall be: 3132 W. 71 PLACE
HIALEAH, FL 33018

Article IV

The general nature of business of this corporation is to transact any and all lawful business.

Article V

The number of shares which this corporation shall have authority to issue is 100 shares, having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

Article VI

The name and street address of the initial Registered Agent of this corporation shall be: EDUARDO SOTO 647 N. GREENWAY DR.

CORAL GABLES, FL 33134

PREPARED BY: RAY STORMONT, EMPIRE CORPORATE KIT COMPANY, 1492 WEST FLAGLER STREET, \$200, MIAMI, FL 33135, (305) 541-3694

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Article VII

The initial board of Directors shall consist of a total of 2 person(s) and the name and address of the person(s) who are to serve as an initial director(s)

MIGUEL ESTIVILL PRESIDENT 3132 W. 71 PLACE HIALEAH, FL 33018

EDUARDO SOTO TREASURER

647 N. GREENWAY DR. CORAL GABLES, FL 33134

Article VIII

The name and address of the incorporator executing these Articles of Incorporation is:

EMPIRE CORPORATE KIT OF AMERICA, INC. 1492 WEST FLAGLER STREET #200 MIAMI, FL 33135

The undersigned has executed these Articles of Incorporation this <u>31ST</u> day of <u>DECEMBER</u>, 1998.

Ray Stormont, President

Signing for

Empire Corporate Kit of America, Inc.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 621, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits, organized under the statement in designating the registered office/registered agent, in the state of Florida.

First thatCLASS:	ICAL & INNOVATIVE DESIGNS, INC.	
(Name of Corporation)		
desiring to organize under	r the laws of the State ofFLORIDA	
(Florida) with its principal office, as indicated in the articles of		
incorporation has named _	EDUARDO SOTO	
	(Name of Registered Agent)	
located at647 N	. GREENWAY DR.	
City ofCORAL GABLES		
(City)	(County)	

State of Florida, as its agent to accept service of process within this state.

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 THE 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

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