Department of State Property of State

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Bubble Bar, Inc. (Proposed corporate name - must include suffix)				
	(xxoposeu ee	_	00002749 -01/21/99(****131.25	13388 11042014 *****87.50
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL COPY REQUIRED		
FROM: Bubble Bar, Inc. Name (Printed or typed)				
1111 Collins Ave. Address ARE ARE				
Miami Beach, FL 33140				
City, State & Zip				
	Daytime Te	elephone number		1.50 PM

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Bubble Bar, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1111 Collins Avenue Miami Beach, FL 33140

ARTICLE III SHARES

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

300 shares of common stock at \$1.00 par value per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Rene Lecour 1111 Collins Ave.

ARTICLE V TINCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Rene Lecour 929 Collins Ave., #10 Miami Beach, FL 33139

Signature/Incorporator

(An additional article must be added if an effective date is requested

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/Registered Agent

19199

Date