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Account Number : 070402002741

Phone

: (305)871-0008

Fax Number

: (305)871-0550

FLORIDA PROFIT CORPORATION OR P.A.

LUIGI FASHION'S MIAMI DISCOUNT

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 3, 1999

MIT PRODUCTS AND SERVICE, INC.

SUBJECT: LUIGI FASHION'S MIAMI DISCOUNT

REF: W99000012852

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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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SECRETARY OF STATIAN ANASSEE, FLORI

ARTICLES OF INCORPORATION

OF

LUIGI FASHION'S MIAMI DISCOUNT CORP.

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.

ARTICLE I NAME

The name of the corporation shall be:

LUIGI FASHION'S MIAMI DISCOUNT CORP.

ARTICLE II PRINCIPAL OFFICE

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

4733 N.W. 79 AVENUE MIAMI, FLORIDA 33166

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 10000 SHARES, ONE DOLLAR PAR VALUE PER SHARE

ARTICLE IV-PREEMPTIVE RIGHTS

Every stockholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which it already holds, shall have the right to purchase his pro rata share thereof, as nearly as may be done without issuance of fractional shares as the price at which it is offered to others.

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PREPARED BY: MIT PRODUCTS & SERVICE, INC. 6555 NW 36 ST. STE. 301 MIAMI, FL. 33166

PHONE (305) 871-0008

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ARTICLE V-INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

LUIS REYES 11340 N.W. 52 LANE MIAMI, FL. 33178

ARTICLE VI

INITIAL BOARD OF DIRECTOR(S)

This corporation shall have (2) (two) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one. The name(s) and address(es) of the initial director(s) on this corporation is (are):

> LUIS REYES 11340 N.W. 52 LANE MIAMI, FL. 33178

> CECILIA VILLAR 11340 N.W. 52 LANE MIAMI, FL. 33178

ARTICLE VII

OFFICER(S) AND SUBSCRIBER(S)

The officer(s) and subscriber(s) of this corporation is as follow:

LUIS REYES PRESIDENT/DIRECTOR 250 SHARES \$250.00

OLGA BACO LOPEZ VICE-PRESIDENT

CECILIA VILLAR VICE-PRESIDENT 250 SHARES \$250.00

TREASURER/SECRETARY

RAFAEL MOREL CPA PA

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ARTICLE VIII

INCORPORATOR (S)

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

LUIS REYES 11340 N.W. 52 LANE MIAMI, FLORIDA 33178

CECILIA VILLAR 11340 N.W. 52 LANE MIAMI, FLORIDA 33178

The undersigned has (have) executed these Articles of Incorporation this OIST Day of JUNE, 1999

LUIS REYES/INCORPORATOR Signature/ Title

CECILIA VILLAR/INCORPORATOR

Signature/Title

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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. DISC	The name	of the	corpora	ation	is: <u>L</u>	UIGI	FASHIO	พ′ ธ	IMAIM
The	name and add	ress of	the req	gistere	d agent	and	office	is:	
	LUIS R	EYES							
	(NAM	E)						-	
	11340	N.W. 52	LANE						
	(ADD	RESS)				-11	(*()		-
	MIAMI,	FLORID	A 33178						
	(CIT	Y/STATE	/ZIP)					2	
				SIGN TITL	ATURE_ E Pres		<u>Ju</u>	L.	ly .

DATE June 01, 1999

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 June 01, 1999