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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FEDERICO M. FERMIN

Account Number : 110560000144 Phone : (305)480-8300

Fax Number : (305)444-4398

FLORIDA PROFIT CORPORATION OR P.A.

REJO Fashion, Corp.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50
RESISTERED AGENT (OF)	८ ० व ाट ≄े

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SECRETARY OF STATE

ARTICLES OF INCORPORATION

THE UNDERSIGNED, has executed the following document as incorporator of he above named corporation, a corporation organized under the laws of the State of lorida, and all rights, duties and obligations of the undersigned as incorporator, and those for the corporation, are to be determined in accordance with the laws of the State of lorida.

ARTICLE I

The name of this corporation shall be:

REJO Fashion, Corp.

ARTICLE II DURATION

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall perpetual existence.

ARTICLE III PURPOSES

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz.:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers.

 To have perpetual succession by its corporate name.

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ARTICLE IV CAPITALIZATION

The aggregate number of shares which the corporation shall have authority to issue sthe total sum of shares, having an individual par value of:

100 TOTAL SHARE / \$1.00 A SHARE.

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 V REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial R sident Agent of this Corporation shall be:

Jorge A. Garcia 1855 NW 5 St. Miami, Fl. 33125

The principal office shall be:

1855 NW 5 St. Miami, Fl. 33125

ARTICLE VI MANAGEMENT OF INCORPORATION

The initial Board of Directors shall consist of a total of two (2) people, and the names and addresses of the people who are to serve as initial directors are:

PRESIDENT:

Jorge A. García 1855 NW 5 St. Miami, Fl. 33125

VICE PRESIDENT, SECRETARY, TREASURER:

Reynaldo Gutierrez 955 SW 2 Ave. Apt. 1403 Miami, Fl. 33130

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ARTICLE VII INCORPORATOR

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

Jorge A. Garcia 1855 NW 5 St. Miami FL 33125

ARTICLE VIII AMENDMENTS

The corporation reserves the right to amend, alter, change or repeal any provision in these Articles of Incorporation in the manner prescribed by law, and all rights conferred by these articles are subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 17th day of Articles 1999.

Jorge A. Garcia

STATE OF FLORIDA

YORD 1

COUNTY OF DADE

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal it the state and county aforesaid, this 17 to day of April 1999.

SS.

NOTARY PUBLIC, STATE OF FEORIDA AT LARGE

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CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501 Florida Statutes, the ndersigned corporation, organized under the laws of the State of Florida, submits the ollowing statement in designating the registered office / registered agent, in the State of lorida.

The name of the corporation is:

REJO Fashion, Corp.

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

Jorge A. Garcia 1855 NW 5 St. Miami Fl. 33125

AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE F PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE ESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT S REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I JRTHER AGREE TO COMPLY WITH THE PROVISIONS OF THE STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, ND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE:

DATE:

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