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Transmittal Letter

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

EFFECTIVE DATE

AND THE ROOM OF THE PARTY OF TH

Subject:

PRETTY BOWS PLUS, INC.

(Proposed corporate name-must include suffix)

200003047012--2 -11/17/99--01046--007

*****87.50 *****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 of

Status

\$78.75

√\$87.50

Filing Fee

Filing Fee

& Certified Copy

Certified Copy & Certificate of

Status

FROM:

Auxiliadora Garcia

8320 NW 10 Street, No. 8

Miami, FL 33126

(305) 262-8371

Daytime Telephone No.

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:

EFFECTIVE PATEPRETTY BOWS PLUS, INC.

ARTICLE II PRINCIPAL OFFICE

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

8320 NW 10 STREET, NO. 8 MIAMI, FL 33126

ARTICLE III SHARES

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

ONE THOUSAND (1,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

AUXILIADORA GARCIA 8320 NW 10 STREET, NO. 8 MIAMI, FL 33126

ARTICLE V INCORPORATOR

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

AUXILIADORA GARCIA 8320 NW 10 STREET, NO. 8 MIAMI, FL 33126

<u>ARTICLE VI AN EFFECTIVE DATE</u>

The effective date for the incorporation shall be:

DECEMBER 01, 1999

- 10	1 1.
Agarcia 2	11/12/99
Signature Incorporator	Date
AUXILIADORA GARCIA	

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 AUXI/IADORA GARCIA Date

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