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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ARGEMUSA GROUP CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 631, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ARGEMUSA GROUP CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:
14314 SW 11 STREET
PEMBROKE PINES, FL 33027

Mailing address, if different is:
14314 SW 11 STREET
PEMBROKE PINES, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELIBETH J MUNOZ-P Name and Title: _____
Address: 14314 SW 11 STREET Address: _____
PEMBROKE PINES, FL 33027

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ELIBETH J MUNOZ
Address: 14314 SW 11 STREET
PEMBROKE PINES, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ELIBETH J MUNOZ
Address: 14314 SW 11 STREET
PEMBROKE PINES, FL 33027

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Elibeth J Munoz 11/23/2011
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Elibeth J Munoz 11/23/2011
Required Signature/Incorporator Date

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STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

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