

04/

1

45

2

1448

LAZARUS

PA

/03

P16000035575

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000099411 3)))



H160000994113ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CARLET 1, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

16 APR 21 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 21 AM 9:14

FILED

11/4

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H16000099411
FILED

16 APR 21 AM 9:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA**ARTICLE I NAME:** The name of the corporation is:Carlet 1, inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

P: 801 Brickell Ave 9th Floor
Miami FL 33131M: 9637 SW 142 Ct Miami FL 33186**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Diana Arenas - Carty (P)
Vivian Teresa Maurtua - Carty (VP)
Vivian Carty - Maurtua (ceo, Director)
Hernan Patricio Leppe (S)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Hernan Patricio Leppe
9637 SW 142 Ct
Miami FL 33186**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Hernan Patricio Leppe
9637 SW 142 Ct
Miami FL 33186

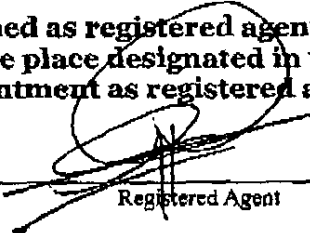
H16000099411

FILED
16 APR 21 AM 9:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H16000099411

Required Signatures:

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

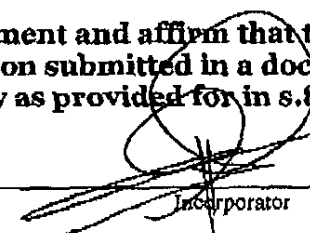


Registered Agent

4/21/16

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.817.153, F.S.



Incorporator

4/21/16

Date

H16000099411