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**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  
LAS VILLAS BOUTIQUE INC**

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

RECEIVED

2022 MAR 23 PM 4:24

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D. O'KEEFE

MAR 24 2022

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:Las Villas Boutique INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

471 NW 32 ND Ct  
Miami FL 33125**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Leinier Oramas Aguila  
(P)SECRETARY OF STATE  
TALLAHASSEE, FL 09107

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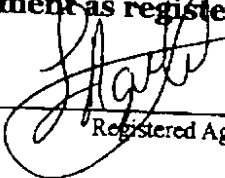
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

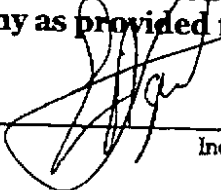
Leinier Oramas Aguila  
471 NW 32 ND Ct Miami FL 33125**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Leinier Oramas Aguila  
471 NW 32 ND Ct Miami FL 33125

**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 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.

  
\_\_\_\_\_  
Incorporator Date

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