## Division of Corporations Electronic Filing Cover Sheet

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To:			
	Division of Co	rporations	
	Fax Number	: (850)617-6381	
From:			$\mathbf{L}_j = \overline{\mathbf{\omega}}$
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number	: I20000000019	
	Phone	; (305)552-5973	) I
	Fax Number	: (305)675-5944 923	: <del></del> :
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## FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI OVER 50 INC.

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

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FEB 08 2018

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME  The name of the corporation shall be: MIAMI O	VER 50 /NC.
ARTICLE II PRINCIPAL OFFICE	
Principal street address	Mailing address, if different is: <u>6810 S-W 3rd S+</u> Miami FL 33144
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Entertainment and  Softball Games on s  or neighbors in a  by the city of m	field Allowed
ARTICLE IV MANNER OF ELECTION The manner in which the the by Laws  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: RAFAEL MARTINE P Name and T Address:  Machine FL 33144  Name and Title: DROE MILLIAN Name and T Address:  MIGMI FL 33144  Name and Title: RAFAEL M. DIAZ (S)  Name and Title: RAFAEL M. DIAZ (S)	18 FEB - 7 PM 3: 55

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2 / 7 / 18 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

R. ma	ntienin	
	Required Signature of Registered Agent	Date
I submit this docum	and and allowed and a second	Dute

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Required Signature of Incorporator	Date
,	Date