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CORPORATION NAME(s) & DOCT	UMENT NUMBEI	K(S) (if known):	
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1. Corporation Name)	NOTH CL	(Document #)	
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	Amendment		
	Resignation of R.A., Officer/Director		
. Limited Liability	Change of Registered Agent		
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Other	Merger		
OTHER FILINGS	REGISTRATION/	0,000 t 8 0,001 t 1	
Annual Report	QUALIFICATION	100 pm	
Fictitious Name	Foreign		
Name Reservation	Limited Partnership		
	Reinstatement		
	Trademark		
	Other	Examinar's Initials	

Examiner's Initials

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

# ARTICLE 1 - NAME

The name of the corporation shall be:

1A AUXILIADORA CORP.

# ARTICLE IL - PRINCIPAL OFFICE

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

2359 CORAL WAY MIAMI, FL 33145

# ARTICLE IIL-SUARES

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

100

### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MATILOE M. FERRALES 10505 SW 43 TE MIAMI, FL 33165

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SECRETARY OF STATE
TALL ALLASSEE FINANCES

# ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of incorporation is:

MATILDE M. FERRALES 10505 SW 43 TE MIAMI FL 33165

The undersigned incorporator has executed these Articles of Incorporation this \_u\_day of \_EEB\_CUARY 20.03

Signature

## ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

MATILDE M. FERRALES PRECIDENTE.
10505 SU 43 TE
MIAMI, FL 33165

# CERTIFICATE OF DESIGNATION OF REGISTERED ACENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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SECRETARY OF STATE