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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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OFFICE USE ONLY (DOCUMENT #)			
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<u>LAZARUS CORPORATE FI</u>	LING SERVICE		
3320 S.W. 87 AVENUE			
MIAMI, FLORIDA (305)552-5973			
•		Office use only	
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CORPORATION NAME(S) &	DOCUMENT NUM	BER(S) (if known):	
1. DARSY COR	3P.		4
(Corporation Name)		(Document #)	
2. (Corporation Name)		(Document #)	
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(Corporation Name)		(Document #)	
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Walk in Pick up time	2.00	Certified Copy	<i>Y</i>
Mail out Will wait	Photocopy	Certificate of S	tatus
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NEW FILINGS	AMENDMI	ENTS	
Profit	Amendment		
NonProfit	Resignation of R	.A., Officer/Director	
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Examiner's Initials

# SEP 26 PMI2:

## 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 I - NAME

The name of the corporation shall be:

DARSY CORP

ARTICLE IL - PRINCIPAL OFFICE

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

416 LA VILLA DE MIAMI SPRINGS FL 33166

ARTICLE III -SHARES

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:

JUAN C SOSA 2970 NW 32 ST MIAMI FL 33142 HILEU

### ARTICLE V - INCORPORATOR

The name and si Incorporation is:	treet address of t	he incorporatoi	r to these Ari	ticles of	
•	JUAN C DARSY	Sosa Sosa	2970 MIAMI	FL	32 <i>5</i> 7 33 <i>14</i> 2
	incorporator has			•	

ARTICLE VI- DIRECTOR(S)

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

JUAN C SOSA PRESIDENT DARSY SOSA VICE.P.

2970 NW 32 ST MIAMI FC 33142

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /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