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## TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:		C.		
-	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti-	cles of incorporation and	a check for:	
□ \$70.00	<b>□</b> \$78.75	[] #70 75	<b>□</b> \$87.50	
Filing Fee	Filing Fee	□ \$78.75 Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
		ADDITIONAL CO	Status	
		ADDITIONAL CO	T REQUIRED	
	1 1	1		
FROM: Mariel Alvarado  Name (Printed or typed)				
Name (Printed or typed)				
820 W. Evergreen 1st Flr.				
•		Iddress	<del>-1</del>	
	<b>A</b> 1 = 0	1. 1		
	Chicago	16 (000) State & Zip	97	
City, State & Zip				
_	786 271	4426		

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	<b>o</b> <u>=</u>
	8 <u>5</u>
The name of the corporation shall be: Astrea Azul Inc.	2
The name of the corporation of the first the f	25 957
ARTICLE II PRINCIPAL OFFICE	8: 38
The principal place of business/mailing address is:	<b>8</b> 27 -
1651 N.E. Miami Gardens Dr. Apt. 202	
North Miami Booch Fl 33179	
ARTICLE III PURPOSE  The number for which the composition is appearing dist. The second Color Lines. As a second color of the	
The purpose of conducting business as an art gallery and art	zed for the
The sales items will be arts and crafts at Point of Sale	r veseller.
ARTICLE IV SHARES	10 consomers
The number of shares of stock is:	
1000 Shares	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	0 4 4 5 5
Jair Augusto Sanchez 1651 NE Miami Gardens 1 North Miami Beach Fl	Dr. Apt 202
Jair Augusto Sanchez 1651 NE Miami Gardens Morth Miami Beach Fl Mugusto S.	33(1)
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	nc Anton
Jair Augustu Sanchez 11051 NE Miami Gardens	2213-C1
North Miami Beach Fl	33179.
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Mariel Alvarado	
Mariel Alvarado 820 W. Evergreen 18 Flr.	
Chicago IL 60627	***
Having been named as registered agent to accept service of process for the above stated corporation at the place de-	signated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	
5/23/09	5
Signature/Registered Agent Date	_ <del></del>
1 / 2/2/2	<i>ح</i>
Signature/Incorporator Date	<u> </u>
) Signature interpretation (	