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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : GALLOWAY OFFICE
Account Number : 120030000131
Phone : (786)390-7072
Fax Number : (305)265-1592

# FLORIDA PROFIT CORPORATION OR P.A.

#### J. LAVATELLI CORPORATION

Certificate of Status	0
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# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be: J.LAVATELLI CORPORATION

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1770 NE 191 ST #413. NORTH MIAMI, FL 33179

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is organized for any lawful purpose permitted under the Laws of the State of Florida.

#### ARTICLE IV SHARES

The number of shares of stock is: 1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JULIETA LAVATELLI 1770 NE 191 ST # 413, NORTH MIAMI, FL 33179 PRESIDENT

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JULIETA LAVATELLI 1770 NE 191 ST # 413, NORTH MIAMI, FL 33179

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GALLOWAY OFFICE LLC, 935 SW 87 AVE. MIAMI, FL 33174 Ph. 786 390 7072.

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Having been	named	as register	ed agent to accept	service of process for	the above stated o	corporation at the	t place designated in this y
certificate, I	am famil	lay with an	d accept the appoin	intment as registered a	gent and agree to	oct in this capach	ŋŸ
	10 /	77 D.	}	,			

Signature Registered Agent

Signature/Incorporator

Date

11-11-2005

11-11-2005

Date

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