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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

FLORIDA PROFIT/NON PROFIT CORPORATION

LZipris, Inc.

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 :
LZlpris, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is :

3370 NE 190TH STREET, 1206

AVENTURA FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
10 COMMON SHARES PAR VALUE \$10.00

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

President:

LIAT ZIPRIS

3370 NE 190TH STREET, 1206

AVENTURA FL 33180

ARTICLE VI REGISTERED AGENT

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

LIAT ZIPRIS

3370 NE 190TH STREET, 1206

AVENTURA FL 33180

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and Florida street address of the Incorporator is:

LIAT ZIPRIS
3370 NE 190TH STREET, 1206
AVENTURA FL 33180

Having been named as registered agent to accept service of process for the above 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.



LIAT ZIPRIS / Registered Agent

4-27-07
Date



LIAT ZIPRIS / Incorporator

4-27-07
Date

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