

Florida Department of State

Division of Corporations Public Access System

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To

Division of Corporations.

Fax Number : (850) 617-6381

From.

Account Name : CSH SERVICES, LLC

Account Number: 120070000160 Phone: (800)494-3124

Fax Number : (561) 455-9885

FLORIDA PROFIT/NON PROFIT CORPORATIO

ALA BRABA, INC

Certificate of Status	0
Certified Copy	0
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SKYWAY INSURANCE

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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:

ALA BRABA, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business address is:

5306 NORTH STREET

WIMAUMA, FLORIDA 33598

The principal mailing address is:

PO BOX 1841

WIMAUMA, FLORIDA 33598

ARTICLE DI PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V. INITIAL OFFICERS / DIRECTORS (ontional)

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

PRESIDENT

AURORA HERNANDEZ

5306 NORTH STREET

WIMAUMA, FLORIDA 33598

SECRETARY OF STATE

State of the

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ARTICLE VI REGISTERED AGENT

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

AURORA HERNANDEZ 5306 NORTH STREET WIMAUMA, FLORIDA 33598

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

AURORA HERNANDEZ PO BOX 1841 WIMAUMA, FLORIDA 33598

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

AURORA HERNANDEZ / Registered Agent

Date

AURORA HERNANDEZ /Incorporator

Date