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## CORPORATE FILING SERVICE

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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy Pick up time Photocopy Will wait Certificate of Status Mail out **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

**Examiner's Initials** 

### **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 1 - NAME**

THE NAME OF THE CORPORATION SHALL BE:

Sister Love Administration. Corp

#### **ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

5545 SW 85t. S-105

miami Fl. 33134

## ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Norka-maria Roman. 16321 SW 96 Herr. miami Fl. 33196

#### **ARTICLE V - INCORPORATOR**

THE NAME AND	STREET	<b>ADDRESS</b>	OF THE	<b>INCORPOR</b>	ATOR TO	THESE
•	ARTIC	LES OF INC	CORPOR	ATION IS:		

Norka Maria Roman 16321 Sw 94 Herr miami Fl 33196

THE UNDERSIGNE	INCORPORATOR HAS EXECUTED	THESE ARTICLES
	OF INCOPPODATION THIS	**

DAY OF JUNE 200 9

SIGNATURE

**ARTICLE VI - DIRECTOR(S)** 

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Norka-maria Roman - President: Daniela Silva - V. President

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED COMPORATION 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