

10/12/2010 15:04

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LAZARUS

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MY B2B CIRCLE CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Electronic Filing Menu

Corporate Filing Menu

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PS 10/13/10

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02:41:25 p.m. 10-12-2010

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

ARTICLE I NAME MY B2B CIRCLE CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
MIAMI, FL 33014
5205 NW 161 ST

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
NEW BUSINESS VENTURE

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEXANDER MIJARES, FOUNDER / CEO
Address: P.O. BOX 5200, MIAMI, FL 33014

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: ALEXANDER MIJARES
Address: 5205 NW 161 STREET, MIAMI, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: ALEXANDER MIJARES
Address: 5205 NW 161 STREET, MIAMI, FL 33014

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 founder with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

10/12/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

10/12/2010
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 12 AM 10:29

APPROVED
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