

04/25/2011 10:15:00 05/2014 10

LAZARUS

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FLORIDA PROFIT/NON PROFIT CORPORATION
ALL SMILES LIQUOR INC.

Certificate of Status	0
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11 APR 26 AM 10:35
DIVISION OF CORPORATIONS

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April 25, 2011

To whom it may concern:

Please be advised that the owners of the company AH Smiles Liquor Inc.
_____ with the document number POS000085681 are the same as those
who are opening this new company with the same name. Thank you.

Sincerely,



LUIS E. CABRERA.

FILED
11 APR 26 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 I - NAME

The name of the corporation shall be:

ALL Smiles LIQUOR INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

4280 SW 152 AVE
Miami FL 33185

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Emilia Jimenez
4280 SW 152 AVE
Miami FL 33185

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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Luis E. CABRERA
Emilia JIMENEZ
4280 SW 152 AVE Miami FL 33185

The undersigned incorporator has executed these Articles of Incorporation this

25 day of April 2011.


Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Luis E. CABRERA (P)
Emilia JIMENEZ (VP)


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 26 PM 3:00

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation 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

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