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LAZARUS

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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****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
MIGUISA PHOTO CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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11 MAY 18 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. Burch MAY 18 2011

5/17/2011 5:05 PM

H11000154059

ARTICLES OF INCORPORATION

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

ARTICLE I NAME MIGUISA PHOTO CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

3300 E 4 AVE STE 7

HIALEAH FL 33013

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PHOTO STUDY AND PHTO DEVELOPER

ARTICLE IV SHARES

The number of shares of stock is: 500.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAMIREZ, MIGUEL JR - PD

Address: 12953 MW 8 TERR

MIAMI FL 33182

Name and Title:

Address:

Name and Title: RAMIRES MIGUEL Sr - DS

Address: 12953 MW 8 TERR

MIAMI FL 33182

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: RAMIREZ, MIGUEL JR

Address: 12953 NW 8 TERR

MIAMI FL 33182

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAMIREZ, MIGUEL JR

Address: 12953 NW 8 TERR

MIAMI FL 33182

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



Required Signature/Registered Agent

05-16-11

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

05-16-11

Date

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2011 MAY 18 PM 4:51

SECRETARY OF STATE
PALM BEACH, FLORIDA