Division of Corporations Electronic Filing Cover Sheet

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|                  | Fax Number  Account Name Account Number Phone Fax Number  address for thi | Account Name : LAZARUS CO<br>Account Number : I200000000<br>Phone : (305)552-5<br>Fax Number : (305)220-1<br>address for this business en | Fax Number : (850)617-6381  Account Name : LAZARUS CORPORATE FILINACCOUNT Number : I2000000019 Phone : (305)552-5973   |

# FLORIDA PROFIT/NON PROFIT CORPORATION MEL SANTOS SERVICE INC

| Certificate of Status | 0       |
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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:

Mel- GANTOS GORVICE INC

11 JUL 26 PH 12: U3 SCOM WALL THE STATE ALL MINSSES FLORIDA

#### ARTICLE II - PRINCIPAL OFFICE

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

60125W 129CT MILLI FL 33183

#### 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:

Isbel SANTOS-LLARIN BOLZEU 129 CT LLIAMI FL'33183.

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### ARTICLE V - INCORPORATOR

| The name and address of the incorporator to these Articles of Incorporation is:  ISHEL SANTOS - MQRIN  |
|--|
| 6012 SW 129 CT   |
| Miami FL 33183   |
|  |
| The undersigned incorporator has executed these Articles of Incorporation this   |
| Signature  |
| ARTICLE VI- DIRECTOR (S)   |
| The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):  |
| ISBEL SANTOS-Marin (P)   |
| CERTIFICATE OF DESIGNATION OF REGISTERED AGENT   |
| Control of Physical Control of the C |
| /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.   |

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