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| PICK-UP WAIT MAIL. | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
| Special instructions to ming Officer. | | | | |
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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: ALEXANDRA ROJAS NUNEZ, INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$87.50 \$70.00 \$78.75 Filing Fee Filing Fee lFiling Fee, Filing Fee Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Alexandra Rojas Nunez Name (Printed or typed) 8230 SW 140th Avenue Address Mlami, FL 33183 City, State & Zip 305-798-4628 Daytime Telephone number alexandranunez3@gmail.com E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



February 6, 2012

ALEXANDRA ROJAS NUNEZ 8230 SW 140TH AVENUE MIAMI, FL 33183

SUBJECT: ALEXANDRA ROJAS NUNEZ, INC

Ref. Number: W12000007099

We have received your document for ALEXANDRA ROJAS NUNEZ, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 612A00004817

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

| ARTICLE I The name of the cor | NAME ALEXANDRA ROJAS N | IUNEZ, INC | FILEB. |
|---|--|----------------------------|---------------------------------------|
| ARTICLE II | PRINCIPAL OFFICE | | 10 |
| | Principal street address | Maili | ng address, White Ent 194 2: 07 |
| | 230 SW 140TH AVENUE | | |
| Μ | IIAMI, FL 33183 | | TALL STATE STATE |
| | | | FLORDA |
| ARTICLE III The purpose for wl CONTRACT | hich the corporation is organized is: | | • |
| • | | | |
| | | | |
| ARTICLE IV | | | |
| The number of share | es of stock is: 100 | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTOR | rs. | |
| Name and Ti | ile:ALEXANDRA ROJAS NUNEZ, PRES | Name and Title: | |
| Address: | 8230 SW 140TH AVENUE | Address: | |
| | MIAMI, FL 33183 | | |
| | | | |
| Name and Tit | ile: Nicholas Nunez, Treasurer | Name and Title: | |
| Address: | 8230 SW 140 th Avenue Miami, FL 33183 | Address: | |
| | MIGMI, FL 33183 | _ | |
| | | | |
| Name and Tit | lle: | Name and Title: | |
| Address: | | | |
| | | _ | |
| | | | |
| ARTICLE VI | REGISTERED AGENT | | |
| | rida street address (P.O. Box NOT acceptable) of | f the registered agent is: | |
| Name: | NICHOLAS P. NUNEZ | _ | |
| Address: | 8230 SW 140TH AVENUE | _ | |
| | MIAMI, FL 33183 | | |
| ARTICLE VII | INCORPORATOR | | |
| | ress of the Incorporator is: | | |
| Name: | ALEXANDRA ROJAS NUNEZ | _ | |
| Address: | 8230 SW 140TH AVENUE | | |
| | MIAMI, FL 33183 | _ | |
| Having been named | d as registered agent to accept service of proces. | s for the above stated c | orporation at the place designated in |
| inis cerujicaie, i am | n familiar with and accept the appointment as reg | isterea agent ana agree | to act in this capacity |
| (| 1.1.1. | | 1/2.112 |
| | Required Signature/Registered Agent | | //3//12 Date |
| | <i>1</i> | | |
| I submit this docum | nent and affirm that the facts stated herein are | true. I am aware that | the false information submitted in a |
| document to the De | partment of State constitutes a third degree felon | y as provided for in s.81 | 7.155, F.S. |
| | 11 1/2 1/2 00 | | 1/-1/- |
| | Required Signature/Incorporator | | <u> 1/31/12</u> |
| | required Signature/recorporator | | , Date |