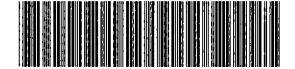
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(Requestor's Name)				
(Address)				
(Address)				
(City/State	/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business	Entity Name)			
(Document Number)				
Certified Copies C	Certificates of Status			
Special Instructions to Filing Officer:				

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SECRETARY OF STATE
IVISION OF CORPORATIONS

Ps 6/11/12

COVER LETTER

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

SUBJECT: ANAIS ALICIA INC.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SU</u>	<u>IFFIX</u>)
Enclosed are an original and one (1) copy of the arti	icles of incorporation and a chec	k for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	Filing Fee Fili & Certified Copy Cer	7.50 ing Fee, rtified Copy Certificate of tus
	ADDITIONAL COPY RE	EQUIRED
FROM: Susana Martinez	e (Printed or typed)	
800 Brickell Avenue, Sui		
<i>,</i>	Address	
Miami, Fl 33131 City,	State & Zip	
305-251-0069 Daytime T	elephone number	
susana.martinez@gazar E-mail address: (to be used	rianasociados.com d for future annual report notificat	ion)

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

ARTICLES OF INCORPORATION



	In compliance with Chapter 607 a	nd/or Chapter 621, F.S. (Profit)	DIVISION OF CORPORA
ARTICLE I	NAME ANAIS ALICIA INC.		TOTAL OF CORPORA
The name of the	corporation shall be:		12 JUN -8 PM 1:
ARTICLE II	PRINCIPAL OFFICE		· · · · · · · · · · · · · · · · · · ·
	Principal street address 800 BRICKELL AVE, SUITE 1105 MIAMI, FL 33131	SAME AS PRINCIP	s, if different is: PAL ADDRESS
ARTICLE III			
	which the corporation is organized is: ND COMMERCIALIZATION OF CLO	THING LINE.	
ARTICLE IV			
	hares of stock is: 100		
	INITIAL OFFICERS AND/OR DIRECTO Title: Anais A. Samarijan - Director		
Address:	6820 SW 132 ST.		
	MIAMI, FL 33156		
		<u> </u>	
Name and	Title:	Name and Title:	
Address:	The.		
		<u> </u>	
Name and	Title:	Name and Title:	
Address:			
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Susana Martinez, Esq.		
Address:	800 Brickell Ave, Suite 1105 Miami, Fl 33131		
			
RTICLE VII			
Name:	ddress of the Incorporator is:		
Address:	Susana Martinez, Esq. 800 Brickell Ave, Suite 1105		
ridatess.	Miami, Fl 33131		
	med as registered agent to accept service of proce		
nis certificate, I	am familiar with and accept the appointment as re	egistered agent and agree to act in i	this capacity
	\ lold	(06/06/2012
	Required Signature/Registered Agent		Date
	redanca aignatate/registeren Agent		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.

06/06/2012 Required Signature/Incorporator Date