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FLORIDA PROFIT/NON PROFIT CORPORATION  
LALA'S SEAFOOD CORP.

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**ARTICLES OF INCORPORATION**  
**OF**

**12 AUG -8 AM 10:35**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The undersigned incorporator(s), for the purpose of forming a Professional Service Corporation under Chapter 621 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation

**ARTICLE I NAME**

The name of the corporation shall be:

LALA'S SEAFOOD CORP.

**ARTICLE II PRINCIPAL OFFICE**

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

3195 NW 20 ST  
MIAMI, FL 33142

**ARTICLE III PURPOSE**

The purpose of this corporation shall be:  
SEAFOOD

**ARTICLE IV CAPITAL STOCK**

The number of shares of stock that this corporation is authorize to have outstanding is:

1000

**ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

MIGUEL R. LLANES  
3195 NW 20 ST  
MIAMI, FL 33142

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**ARTICLE VI BOARD OF DIRECTOR (S)**

The name and address of the initial board of director(s) shall be:

MIGUEL R. LLANES  
3195 NW 20 ST  
MIAMI, FL 33142

**ARTICLE VII OFFICER (S)**

The name, title and address of the officer(s) of this corporation shall be:

MIGUEL R. LLANES, PRESIDENT  
3195 NW 20 ST  
MIAMI, FL 33142

**ARTICLE VIII INCORPORATOR (S)**

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

MIGUEL R. LLANES  
3195 NW 20 ST  
MIAMI, FL 33142

The undersigned has (have) executed these Articles of Incorporation this 7 day of August, 20 12.

  
\_\_\_\_\_  
Incorporator Signature

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING 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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