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SECRETARY OF STATE
FOR ANALOGY FI ORION

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## **COVER LETTER**

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

SUBJECT: MIOMI MK &	Port 4 COVP.					
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)  Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED					
FROM: Lazaro Rorrego Name (Printed or typed)						
16/00 SW 40 TEVY Address						
Mi ami, El 33/85  City, State & Zip						
_ Cazaro Borr	elephone number  Compared to the compared to t					

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

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

ARTICLES OF INCORPORATION

ARTICLES O

The name of the corporat	ion shall be: Miami N	1X PARK I	corp	/
	NCIPAL OFFICE Principal street address 65 // Provide A V	18 2	Mailing address, if differ	ent is:, 2 7erra. 33185
ARTICLE III PURI The purpose for which the ARTICLE IV SHA	for youth on	U To pro t Risk.	vide Gon	ng Prever.
The number of shares of sh	Stock is: 100  IAL OFFICERS AND/OR DIF  IN ZHRO BOYYE  Preside W 1/2  MITHMITTE	Name and Title Address:	le:	
Name and Title:		Name and Tit Address:	le:	
Name and Title:		Name and Tit Address:	le:	12 N
Name: Address:	treet address (P.O. Box NOT accident and the second	10 1217 3185	HASSEE, FLURIDA	
	registered agent to accept service iliar with and accept the appointm	of process for the above	d agree to act in this capa	city
	Required Signature/Registered	A	11.	- / 3 - / 2 Date
I submit this document document to the Departi	Required Signature/Registered and affirm that the facts stated and of State constitutes a third de	herein are true. I am awa	are that the false informa r in s.817,155, F.S.	ation submitted in a
	Required Signature/Incorpor	ator		$\frac{-13-12}{\text{Date}}$