

07/22/2031 02:33

#6930 P.001/003

P13000073869

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000198902 3)))



H130001989023AEC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PESBA WORLD CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP -9 PM 2:20

RECEIVED

9/10
8

07/22/2031 02:34
SEP-09-2013 MON 12:25 PM

FAX NO.

#6930 P.002/003
P. 02/03

H13000198902

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: **PESBA WORLD CORP**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

2250 NW 114 AVE UNIT 1E

MIAMI FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **VALERIA VASQUEZ(DIRECTOR)** Name and Title: **CANYON LAKE S.A (PRESIDENT)**

Address: **3240 SW 186 TERRACE** Address: **2250 NW 114 AVE UNIT 1E**
MIRAMAR, FL 33029 **MIAMI, FL 33172**

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

H13000198902

07/22/2031 02:34

SEP-06-2013 FRI 04:30 PM

FAX NO.

#6930 P.003/003
P. 03

H130001929 02

(cont.)

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

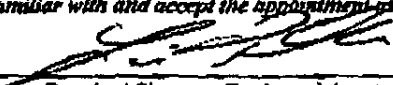
Name: LUIS ROSALES
Address: 5931 NW 173 DRIVE STE9
MIAMI, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

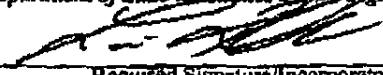
Name: LUIS ROSALES
Address: 5931 NW 173 DRIVE STE9
MIAMI, FL 33015

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

9/6/13
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.


Required Signature/Incorporator

9/6/13
Date

H130001929 02