07/22/2031 02:33 P13000073869 #6830 P.001/003

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)))

H13000198902 3ABC0

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

RECEIVED
13 SEP -9 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/10

8

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

2250 NW 114 AVE UNIT 1E
MIAMI FL 33172

Mailing address, if different is:

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)
Address: 3240 SW 186 TERRACE
MIRAMAR, FL 33029

Name and Title: CANYON LAKE S.A (PRESIDENT)
Address: 2250 NW 114AVE UNIT 1E
MIAMI, FL 33172

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

H13000198902

H13000138902 (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.

_____ 9/6/13

Required Signature/Registered 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.

_____ 9/6/13

Required Signature/Incorporator Date