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

From:

:

Account Name : LAZARUS CORPORATE FTLING 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 MARARI LABEL INC

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October 8, 2013

FLORIDA DEPARTMENT OF STATE Division of Corporations

LAZARUS

SUBJECT: MARARI LABEL INC REF: W13000055868

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the VP is unclear. Please correct accordingly and list titles for the other officers and/or directors named.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II FAX Aud. #: H13000220967 Letter Number: 813A00023551

P.O BOX 6327 - Tallahassee, Florida 32314

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#0565 P.003/005 Fax Server



October 7, 2013

FLORIDA DEPARTMENT OF STATE Division of Corporations

LAZARUS

SUBJECT: MARARI LABEL INC. REF: W13000055537

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the complete principal office address.

If your business entity does not intend to transact business until January ist of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Eerring Regulatory Specialist II New Filing Section FAX Aud. #: H13000220967 Letter Number: 413A00023451

P.O BOX 6327 - Tallahassee, Florida 32314

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H13000220987,

	ARTICLES OF INCORS In compliance with Chapter 607 and/or	
		Chapter 021, F.S. (Front)
ARTICLE I The name of the	corporation shall be: Macaci Lab	el Inc.
ARTICLE II	PRINCIPAL OFFICE	
, <u>, , , , , , , , , , , , , , , , , , </u>	Principal street address	Mailing address, if different is:
	1250 S. Miam. Ave.	
·		
	Miami FL 33130	
	•	
ARTICLE III	PURPOSE	
The purpose for	which the corporation is organized is:	2. 57012
<u></u>		
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, <u> </u>		
ARTICLE IV	SHARES hares of stock is:100	DA DA
LIC HARDOL VI 3		— · · · · ·
ARTICLE V	INTLAL OFFICERS AND/OR DIRECTORS	
Name	and Title: Garmen Dager Associ N	Jame and Title
	j	
Addres		\ddress:
	Mizmi, FL, 3313.2	·
·• ,		•
Name a	NO TILLE: SANTIAGO PORTEIRO	Anne And Title:
Addres	= 1250 . Mizmi Ave	Addresse
		······
	Miam:, E., 33130	
	Contract	
Name a	nd Thee: Cormon Perez N	lame and Title:
Addres	s 16900 N. Bey Ed.	Address:
	Sunny Toles Beach, FL,	
	33160	•
•		

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(canti.)

ARTICLE VI REGISTERED AGENT

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

Name:	Carmen Dager	
Address:	1250 S. Miami Ave	
	Miami FL. 33130	

ARTICLE VII INCORPORATOR

The mane and address of the Incorporator is:

Name:

Address:

Mani

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

Require ute/Registered Agent

I submit this document and affirmy that the facts stated herein any true. I am aware that the false information submatted in a document to the Department of State constitutes a third degree felony as provided for in 2.817.155, F.S.

Required Signature/Incorport