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.

(((H130002763763)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

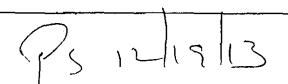
Fax Number

: (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.

ELORIDA PROFIT/NON PROFIT CORPORATION CORONA MULTI-SERVICES, CORP.

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





December 18, 2013

December 10, 201

LAZARUS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: CORONA MULTI-SERVICES, CORP.

REF: W13000068953

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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st 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 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. #: H13000276376 Letter Number: 813A00028695

FILED SECHETARY OF STATE JIVISION OF CORPORATIONS

H13000278376

13 DEC 18 AM 8: 33

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

| \sim | The name of the corpor | ration shall be: | | |
|--------|------------------------|------------------|----|------|
| Corona | Multi- | SERVICE | 5, | CORP |
| | EffECTIVE | | | |
| | RTÍCLE II – PRINC | | | |

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

3855 SW 137 AVE # 16 MIAMI FL 33175

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERTO ARIAS 300 SW 123 AVE Miami FL 33184 10/30/2031 02:25

SECRETARY OF STATE DIVISION OF CORPORATIONS

13 DEC 18 AM 8: 33

H13000276376

<u>ARTICLE V – INCORPORATOR</u>

The name and address of the incorporator to these Articles of Incorporation is:

ROBERTO ARIAS

300 SW 123 AVE

The undersigned incorporator has executed these Articles of Incorporation this

MAN)

Signature

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

MODERTO MIRIAS (P)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related 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