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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019

Phone

: (305)552-5973

Fax Number : (305) 675-5944

\*\*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 DADE COUNTY APPLIANCES, CORP.

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

# Articles of Incorporation

Article I - Name:	The name of the corporation	shall be
	_ / /	

Dade County Appliances, conf.

# <u> Article II - Principal and Mailing Address</u>

25 West 21 st Haleah, F/ 33010 suite: 2

### <u> Article III - Shares</u>

The number of shares of stock is:

### Article IV - Initial Officers and/or Directors

Damaris Perez

## <u> Article V - Registered Agent</u>

The name and Florida street address of the registered agent is:

Damaris Peres 25 West 2154 Hialeah, F/ 33010

<u>Article VI - Incorporator</u>
The name and address of the incorporator is:

Damaris Peres Hiaceah, Fl 33010

1 of 2

### Required Signatures:

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

Registered Agent

08/20/2014 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 gagree felony as provided for in s.817.155, F.S.

Incorporator

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