

07/08/2010 04:4

#1219 P 001/003

P14000071926

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.

(((H14000202020 3)))



H140002020203ABCL

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) 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
CREDIPRENDAS 2010, C.A. CORP**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 27 PM 1:50

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 27 PM 4:14

RECORDED

60

111

H14000202020

ARTICLES OF INCORPORATION

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

14 AUG 27 PM 1:50

ARTICLE I NAME: The name of the corporation is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Crediprendas 2010, C.A. Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2828 Coral Way Suite #100
Miami FL 33145

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Natalie Villanueva (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Charles Leon

2828 Coral Way suite #100
Miami FL 33145

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Charles Leon

2828 Coral Way Suite #100
Miami FL 33145

H14000202020

07/08/2032 04:43

#1259 P.003/003

APPROVED
AND
FILED

#1212 P.003/003

H14000202020

14 AUG 27 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Charles Levin
Registered Agent

08/26/14
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.

Charles Levin
Incorporator

8/26/14
Date

H14000202020