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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION ELEPHANT FURNITURE, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

80

ARTICLES OF INCORPORATION H 1 4 0 0 0 2 2 0 4 5 4 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:	:	:
ELEPHANT FURNITURE	ZA	VC
ARTICLE II PRINCIPAL OFFICE:]	: •
The principal street address and mailing address is:	14 SEP	
Suite # 1, 2, 3 Miomi FL 33/75	II MA 61	
ARTICLE III SHARES: The number of shares of stock is: 100.	1:50	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: NORA ARADA (P.)	:	
SANDRA CASTRO. (VP.)	:	•
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is SAUDRA GOSTRO	:	
3905 Sw 137 Que #1_2_3 Mimi FL 33175		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
3905 Sw 137 Que #1_23 Hioni Fl 33175		

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

Registered Agent

09/19/14

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.,

(ncorrigeator

Date