

08/31/2032 03:14

317 P.001/003

P40002450663

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.

(((H14000245066 3)))



H140002450663ABC

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
HABANA JEWELRY INC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 20 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 20 PM 2:28

RECEIVED

Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S.

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

H14000245066

Habana Jewelry INC

Article II - Principal and Mailing Address

P- 850 NW 87 AVE MIAMI FL 33172

M- P.O. BOX 441341 MIAMI FL 33144

Article III - Shares

The number of shares of stock is: 100

Article IV - Initial Officers and/or Directors

Alejandro Valiente (P)

Article V - Registered Agent

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

Alejandro Valiente
850 NW 87 AVE
MIAMI FL 33172

Article VI - Incorporator

The name and address of the incorporator is:

Alejandro Valiente
850 NW 87 AVE
MIAMI FL 33172

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 20 PM 2:55

FILED

Required Signatures:

H14000245066

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_____
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.

Incorporator_____
DateSECRETARY OF STATE
TAMM LAMARCA FL 32000

14 OCT 20 PM 2:55

04:50

H14000245066