

PA000008180

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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RECEIVED
14 OCT 28 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
MALVIN NORTE INC**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:

MALVIN NORTE INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

5428 SW 150 PL
Miami FL 33185**ARTICLE III SHARES:** The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:PRESIDENT - LUIS GIOLDI
V. PRESIDENT - Antonio Gioldi**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Luis Gioldi

5428 SW 150 PL
Miami FL 33185**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Luis Gioldi

5428 SW 150 PL
Miami FL 33185

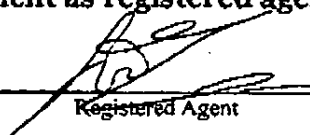
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Required Signatures:


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

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

Date

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