Division of Corporations **Electronic Filing Cover Sheet**

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(((H14000253626 3)))



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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.

13	Address:			
H-M27)	ADDPASS:			

FLORIDA PROFIT/NON PROFIT CORPORATION ANELEAN'S CREATE INC

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

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

H1400025362

ARTICLE I NAME: The name of the corporation is:	
Anelean's Create Inc	· · · · · · · · · · · · · · · · · · ·
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
4903 NW 42 Terrace	<u>.</u>
Tamarac FL 33310	t
	من
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
NAYllandy Fereira (VP)	
Fleazar Garcia (P)	
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	三百 三
	87
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDR	ESS:
The name and Florida street address (PO Box not acceptable) of the registered a	gent is:
Nayllandu Fereira	
4903 NW 42 Terrace	
IAMARAC FL 33319	· .
ARTICLE VI INCORPORATOR: The name and address of the Incorpor	ator is:
FLEAZAR GARCIA	
4903 NW 42 TETRACE	
TAMARAC FL 33319	,,

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