

09/15/2032 03:21

#394 .001

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
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**FLORIDA PROFIT/NON PROFIT CORPORATION
JARDINES YARI INC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROPRIATE P. 002/003

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME: The name of the corporation is

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jardines Yari Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

10980 SW 43rd Lane
MIAMI FL 33165

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

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Marta Gomez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Marta Gomez
10980 SW 43rd Lane
MIAMI FL 33165

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

Marta Gomez
10980 SW 43rd Lane
MIAMI FL 33165

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#3941 P.003/003

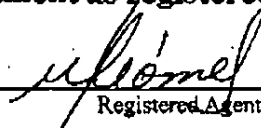
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

 _____
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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