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	Account Name : LAZARUS CORPORATE FILING SERVICE
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## FLORIDA PROFIT/NON PROFIT CORPORATION RAMON DE GUZMAN & ASSOCIATES, INC.

Certificate of Status	0
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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	E on shall be: RAMON de GUZM/	AN & ASSO	OCIATES, INC.
ARTICLE II PRIN	CIPAL OFFICE		
r	rincipal atreet address	Me	uiling address, if different is 7
5969 Collins Av	venue, #814		<u> </u>
Miami Beach, I	Florida 33141-3222		angeria.
<del></del>			
The numose for which the	OSE e corporation is organized is: To transa	ct any busin	ess permitted by the laws
of the State of	Florida, without exception.		
			·
		•••	
ARTICLE IV SHA	RES Ten thousand (10,000	0)	
	IAL OFFICERS AND/OR DIRECTORS		
Name and Title	RAMON de GUZMAN	Name and Title:	
Address	5969 Collins Avenue	Address: _	
	Apt. 814	_	<del>-</del> -
	Miami Beach, Florida 33141-3222	•	
		. <b>-</b>	
Name and Title:		Name and Title:	
		A del navas	
Address		Admiess	
			•
Name and Title	·	Name and Title:	
Address		_ Address: _	
		-	
		<u>-</u>	

## H14000290299

(conti.)

Na	ne and Title;	Name and Title:				
A	dress	Address:				
ARTICLE				SELVACIO SELVACIO	14 GEC	
Name:	Ind Florida street address (P.O. Box NOT acceptable) of Barney B. Avchen	तिह व्हिष्ठिक्ष्यस्य मुद्धाति ।		1888 1888	ō	
Address:	#226, 1840 West 49th Street			بر ربخ ایدر	Ě	,
1,00,000	Hialeah, Florida 33012			SIA	10: 2	Ĭ.
ARTICLE	VII INCORPORATOR			O A	•	
The <u>name</u>	and address of the Incorporator is:					
Name:	BARNEY B. AVCHEN					
Addre	#226, 1840 West 49th Street	_				
,	Hialeah, Florida 33012	_				
Having be this certifi	en named as registered agent to accept service of process cate, I am families with and accept the appointment as re	s for the above stated corporati gistered agent and agree to act	in this cap	acity		
			Dec.	16, 2	014	.}
	Required Signature/Registered Agent			Date		
l submit t document	his document and affirm that the facts slated herein are to the Department of State constitutes a third degree felot	true. I am aware that the fals ny as provided for in s.817.155,	e informu F.S.	tion subn	nitted in	
			Dec	. 16, 2	2014.	
	Required Signature/Incorporator			Date		