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 : 120000000019 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 MARTA ELORTEGUI CORP

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Corporate Filing Menu

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FICERS:		
ET ADDRESS: registered agent is:		
373 1 9		
ne Incorporator is:		

ARTICLES OF INCORPORATION

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

OL. **ARTICLE I** NAME: The name of the corporation

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

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

INITIAL DIRECTORS AND/OR OF

The name and Florida street address (PO Box not acceptable) of the r

INCORPORATOR: The name and address of the

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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.

Incompensor

Date