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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA MANAGEMENT & ADMINISTRATION INC**

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

03/17/15

15 MAR 16 AM 8:56

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 MAR 16 PM 4:36

STATE OF FLORIDA
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:FLORIDA MANAGEMENT & ADMINISTRATION INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1830 NW 7 STSuite 201Miami FL 33125**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**P: Hector Perez

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Hector Perez1830 NW 7 ST Suite # 201Miami FL 33125**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Hector Perez1830 NW 7 ST Suite # 201MIAMI FL 33125

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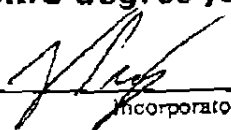
Required Signatures:

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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