Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000125881 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Phone Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.\*\*

Email	Address:			
	HUUITESS:			

## FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI MANAGEMENT & MARKETING, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

HJ. 54 U U J Z 5 8 8 1

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

ARTICLE I NAME: The name of the corporation is:	
Miami Management + Marketing, Inc	7
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
3137 SW 26 St Miami, Fr. 33133	
Miami, G. 1. 33133	
ARTICLE III SHARES: The number of shares of stock is: /00	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	٠,
Ratael Duharte (P)	* ***
ASSE	•
	A-17 14
	•
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
KOTOEL DUHARTE	
3137 SW 20 ST	
Miami FL 33133	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Rafael DUHARTE	
3137 SW 26 ST	
Miami FL 33133	

#3427 P.003/003

H15000125881

## 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

submit this document and affirm that the facts stated herein are true. I am ware that the false information submitted in a document to the Department of itate constitutes a third degree felony as provided for in s.817,155, V.S.

2 of 2