## 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.

(((H15000129333 3)))



H150001293333ABC.

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 : I2000000019

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.\*\*

F41	Address:			
	TUULDEE:			

## FLORIDA PROFIT/NON PROFIT CORPORATION ARMAS & ASSOCIATES SERVICES, INC.

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

3052573910

BETTER BUSINESS CURS

#3579 P. 002/003 H 1 5 0 0 0 1 2 9 3 3 3

## ARTICLES OF INCORPORATION

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

2 SW 82nd Court	rincipal street address				
			Mailing address, if differ		-
ami F1 33144					
FICLE III PURPO.	SE e corporation is organized is:	Services			
					$\frac{1}{1}$
					+
TICLE IV SHARE	S 500			1141 248 248 258 268 268 268 268 268 268 268 268 268 26	15 HA
number of shares of s	LOFFICERS AND/OR DIREC	TORS		Part of the second of the seco	178 AH
Name and Thie:	1512 SW 92 Court	Name and Title:			<u>क</u> फ
Address	Miami Fl 33144	Address:		The state of the s	+
					_
Name and Title:		Name and Title:		<u> </u>	$\perp$
Address		Address:			+
					<u>†</u>
Name and Title:		Name and Title:			$\downarrow$
_					ì

BETTER BUSINESS CUR 4 34 44 18 CHE JEE

05/29/2015 13:12 3052673910

		ar. amid.	
Name and Title:		Name and Title:	•
Address		Address:	•
			-
•			•
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptab	ele) of the registered agent is:	
Name:	Lilia R Armas		
Address;	1512 SW 82 Court		
	Miami Fl 33144		
ARTICLE VII	INCORPORATOR		
The name and a	address of the Incorporator is:	7	•
Name:	Lilia R Armas	9	<i>į</i> 5. 4.
	1512 SW 82 Court		
Address:	Miami Pl 33144	10: 27	****
Effective date, if (If an effective days after the intermediate). If the days after the intermediate is the days after the day	filing.)	. (OPTIONAL)  annot be more than five business days prior or 90 business  cable stantory filing requirements, this date will not be listed as ords.	3
Having been no this certificate, .	amed as registered agent to accept service of pr I am familiar with and accept the appointment of	rocess for the above stated corporation at the place designated as registered agent and agree to act in this capacity	in 
	<b>y</b>	2/27/1	_
I submit this do document to the	Required Signature/Registered Agent ocument and affirm that the facts stated herein to Department of State constitutes a third degree	are true. I am aware that the faise information submitted in	1 a 
Req	uired Signature/incorporator	Daty	-