04/16/2033 05:

500004944 Florida Department of State **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. (((H15000134485 3))) H150001344853ABC+ 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: NDC Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 ч Ч : (305)552-5973 Phone Fax Number : (305)675-5944 AK ö \*\*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 ABREU ADVERTISEMENT INC. ភា Certificate of Status Ð NIC ココ Certified Copy 1 ပ္ပ် 5 n 03 Page Count 2

Corporate Filing Menu

Estimated Charge

Help

F ភ

\$78.75

6/2033 05:47						Al-	86) P;-002/1
-		ES OF IN				' ମି	ED
In co	òmpliance wit	npliance with Chapter 607 and/or Chapter		er 621, F.S. (P	rofit)	15 JUN -5	644 m
		MARKE, Th	a nama of th	o comonstion			
<u>A1</u>	RTICLE I	<u>NAME:</u> III	e name of ur	e corporation		SECRETARY TALLAHASSEE	OF STATE
Ab	reu	Adve	rtiser	nent	inc		- поляра
	ARTIC	LEII PR	INCIPAL O	FFICE:			
	The princip	al street addre	ess and maili	ng address is	5:		
	8981	SW	122	PL			
	Miar	MI FI	_ 33	5180	• •		
		<u></u>				<u> </u>	
ARTICLE III	SHARES:	The number	of shares of :	stock is:	100	·	,
. •							ľ
<u>ARTICI</u>		NTTIAL DIR	ECTORS A	ND/OR OF	FICERS	•	
Y: K	KIDD.	- Hor	11				
<u>P: B</u>	ryan		'eu				
<u>_P:B</u>	ryan		eu				
B	<u>ryan</u>		<u>'eu</u>				
B	<u>ryan</u>		`е.ч				
B	ryan 		`е.ч				
B	ryan		`е.ч				
B	ryan		`е.ч				
		· · · · · · · · · · · · · · · · · · ·		Y AND STRI		)RESS:	
ARTICLE V The name and Fl		REGISTER	ED AGENT			_	
ARTICLE V The name and Fl		. REGISTER address (PO F	ED AGENT Box not accep	otable) of the		_	
		REGISTER address (PO E	ED AGENT Box not accep	otable) of the		_	
		REGISTER address (PO E	ED AGENT Box not accept Abre N 127	otable) of the 2U 2PL	registere	_	
		REGISTER address (PO E	ED AGENT Box not accep	otable) of the	registere	_	
The name and F1	lorida street B 89 M	REGISTER address (PO E (491) (81 SU 1011	ED AGENT Box not accep Abre N 127 FL	otable) of the 2 <u>2</u> 2 <u></u> 23318(	p P	d agent is:	
	lorida street B 89 M	REGISTER address (PO E	ED AGENT Box not accept Abre D 127 FL The name and	otable) of the 2 2 2 3318( d address of t	p P	d agent is:	
The name and F1	lorida street B 89 M	REGISTER address (PO E (491) (81 SU 1011	ED AGENT Box not accep Abre N 127 FL	otable) of the 2 2 2 3318( d address of t	p P	d agent is:	
The name and F1	lorida street B 89 M	REGISTER address (PO E (491) (81 SU 1011	ED AGENT Box not accept Abre $U$ 127 FL The name and bre 122	otable) of the 2 2 2 3318( d address of the 1 PL	p P	d agent is:	
The name and F1	INCORF 89 89 1NCORF 8981	REGISTER address (PO E (491) (81 SU 1011	ED AGENT Box not accept Abre $U$ 127 FL The name and bre 122	otable) of the 2 2 2 3318( d address of t	p P	d agent is:	

.

.\*

04/16/2033 05:47

 

 15 JUN -5 AM 10: 43

 Required Signatures:

 SECRETARY OF STATE TALLAHASSEE FLORIDA

 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

APPROVEL

Registered Agen:

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.

ncorporato:

#3866 P.003/003

115000134485