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	To	):				
			Division of Cor	porations		
			Fax Number	: (850)617-6381		
L)		·				
	Fr	·om:				
~7	•		Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.		
-	LD		Account Number	: I20000000019		
				: (305)552-5973		
S-WH		: .		: (305)675-5944		
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-	G.					
* I,	**Enter the email address for this business entity to be used for futu					
<u>10</u>	annual report mailings. Enter only one email address please.**					
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		Er	mail Address:			
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## FLORIDA PROFIT/NON PROFIT CORPORATION JUAN C. CASTELLANOS, CORP.

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

# 2ND REQUEST

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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:
divers of orderings
Ougn C. Castellanos, CORP.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
19651 SW 214 St
FRICE IT GARILA
ARTICLE III SHARES: The number of shares of stock is:
<del></del>
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
<u>Joan Carlos Castellanos</u> (P
$\sim$
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Joan Carlas Castelbinos
19651 SW _ 214 St
Miami FL 33187
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Juan Carlos Castellanos
Miami FL 33187

H15000189813

### Required Signatures:

Having been named as registered agent to accep	t service of process for the above stated
corporation at the place designated in this certif	icate, I am familiar with and accept the
appointment as registered agent and	agree to act in this capacity
To art the	=/=/=

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** 

Registered Agent