Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

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: (305)675-5944

OE.	nter the	email	address fo	r this	business	s entity	to be	used for	future
; ;	annual	repor	t mailings	. Enter	only on	e email	address	s please.	**
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FLORIDA PROFIT/NON PROFIT CORPORATION MARTINA B. MOURE TAX AND ACCOUNTING SERVICE INC.

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

ARTICLES OF INCORPORATION 15000235168

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

AKTICLE I NAME: The name of the corporation is:
MARTINA B. MOURE TAX AND ACCOUNTING SERVICE IN
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
7891 SW 15 Street
7891 SW 15 Street Miami, FL 33144
<u> </u>
ARTICLE III SHARES: The number of shares of stock is:,
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
P) MARTINA B. MOURE
<u></u>
7. S. 1. S. 2. S.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
MARTINA B. MOURE
7891 SW 15 street
MIAMI FL 33144
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
MARTINA B. MOURE
7891 SW. 15 Street
MIAM: 61 221411

H15000235168

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

Hantin B Many 9/30/15
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.

Hactoria B Human 9/30/15
Incorporator Date