

ASO3004001

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.

((H150002501083))



H150002501083ABCW

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
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.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
AURELIO ROURA EYEWEAR INC.**

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

15 OCT 19 AM 7:09

15 OCT 19 PM 8:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

H15000250108

ARTICLE I NAME: The name of the corporation is:

Aurelio Roura Eyewear Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

15570 SW 54 St Miami FL 33185

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Aurelio Roura (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Aurelio Roura

15570 SW 54 St Miami FL

33185

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Aurelio Roura

15570 SW 54 St

Miami FL 33185

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 19 PM 6:01

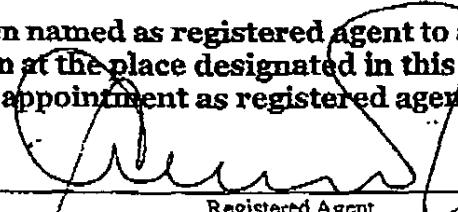
FILED

H15000250108

H15000250108

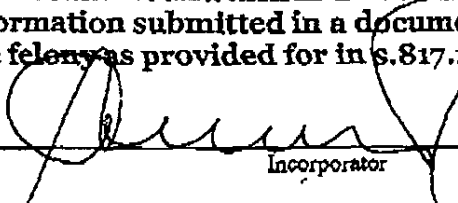
Required Signatures:

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 10/19/15
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.



Incorporator 10/19/15
Date

H15000250108