09/08/2033 05:08

#1297 P.001/003

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.

(((H15000257732 3)))



H150002577323ABC%

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 : 12000000019 Phone : (305)552-5973

Fax Number : (305)552-5944

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 CELAIDA RUIZ CORP.

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

CREISH OF STATE

#1297 P.002/003

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

ARTICLE I NAME: The name of the corporation is:	
Celaida Ruiz Corb.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
1 1 OC 100	
3621 SW 109 AVE WIAW: Fl 33167	
· · · · · · · · · · · · · · · · · · ·	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Celain Ruiz - P	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Celaida Ruiz	
31021 SW 109 AVE	C. C.
Miami FL 33105	T
A DOTEST THE THEODY AND THE THE STATE OF the Incompanies	(reed)
Celaida Ruiz	
3621 SN 109 AVE	
Minmi FL 33165	

Required Signatures:

Having been named as registered agent to accept service of procorporation at the place designated in this certificate, I am far appointment as registered agent and agree to act in	miliar with and accept th
Resistered Agent	Date
I submit this document and affirm that the facts stated herein a the facts stated herein a the false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S.	
neorpodator	Date