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.

(((H15000263051 3)))



H150002630513ABCX

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 fu annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION EMERGING VENTURES GROUP CORP.

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

S

## ARTICLES OF INCORPORATION H 1 5 0 0 0 2 6 3 0 5 1. In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICIE I NAME: The name of the corporation is:  [Use aing Ventures Group. Corp.		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:  11441 Sw. 164 St.  11001 Fl. 33173		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Julian Hexander (ruz Yrel. Director  Jennifer Pedreira Director		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:	70N S	
Julian Hlexander Cruz	ယ်	1
11441 S.W. 64 ST 65 Miami FL 33173 65	PH	
TYTICITY T L DOLLO SE	2: 43	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
Julian Alexander Cruz		
11441 S.W. 104 ST		
Miami FL 33173		

H15000263051

## 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

" Peristered Agent

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.

H15000263051