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.

(((H150002748173)))



H150002748173ABC2

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 annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

ZAAFIRA INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION H 1 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	50002	27481
ARTICLE I NAME: The name of the corporation is:		
ZAAFIRA INC.		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
14710 SW 151 terrace		
Migmi FL 33196		
ARTICLE III SHARES: The number of shares of stock is:	00 .	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE		
Livis Beltran Janehez (VP)		
Luis Beltran Sanchez (VP) Yanina R Lorenzatti (P)		
	1	
		1
		ĺ
ARTICLE V INITIAL REGISTERED AGENT AND STREET A		washing of the second
The name and Florida street address (PO Box not acceptable) of the register	red agent is:	55 - ∫n
Janina K Lurenzarri	- 13 A	5
14710 SW 151 Jerr		3
Miami FL 331960		
	Ď.	25
ARTICLE VI INCORPORATOR: The name and address of the Inc	orporator is:	
· Yanına K Lorenzattı		
14710 SW 151 Terr.		
Mi ami FL 33196		
#1.	00002	74817

H1500027491

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

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.847,455, F.S.

Incorporator

Date