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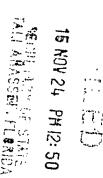
(Requestor's Name)					
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(Address)					
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PICK-UP	WAIT	MAIL			
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DEC - 2015

S. GILBERT

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	ALEXANDRA K. AZCUY CORP.		
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	0 South Dadeland Boulevard, Suite	e (Printed or typed) 208 - Dadeland Office Park	
		Address	
Mia	mi, Florida 33156		
	City	, State & Zip	
(30:	5) 539-0000		
	•	Γelephone number	
a.ka	rissa@gmail.com or aka@phillipsri	chard.com	notification)

NOTE: Please provide the original and one copy of the articles.

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

The name of the corpora		ORP.
•	CIPAL OFFICE Principal street address	Mailing address, if different is: Mailing address if different is:
7585 Southwest 163rd	Street	- STATE ANDA
Miami, Florida 33157		
	he corporation is organized is:	poses of subcontracting with other legal entities to perfo
act necessary, proper or	convenient to accomplish any of the purpo	ses set forth in these Articles of Incorporation, and to d
every other act incident	al to these purposes which are required and	otherwise not forbidden by the laws of the State of Flo
or by the provisions of t	these Articles of Incorporation.	
ARTICLE IV SHAR, The number of shares of ARTICLE V INITIA Name and Title Address	stock is: AL OFFICERS AND/OR DIRECTORS Alexandra K. Azeny, President/Director	Name and Title:Address:
	Miami, Florida 33157	
Name and Title	N/A	Name and Title:Address:
Name and Title	N/A	Name and Title:
Address		Address:

Name a	nd Title:	Name and Title:	
Addres	S	Address:	
			
			
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	Michael Schiffrin, Esq.		
Address:	0200 South Dadeland Boulevard, Suite 208		
	Miami, Florida 33156	_	
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Alexandra K. Azcuy	_	
Address:	7585 Southwest 163rd Street		
	Miami, Florida 33157	_	
ARTICLE VIII	EFFECTIVE DATE:		
	fother than the date of filing: date is listed, the date must be specific and cannot iling.)		
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requiremen	ts, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stated corpo gistered agent and agree to	oration at the place designated in act in this capacity
			11/19/2015
	Required Signature/Registered Agent		Date
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree feloi	true. I am aware that the ny as provided for in s.817.1	false information submitted in a 255, F.S.
	Blakely		11/19/2015
Regu	red Signature/Incorporator		Data

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