03/01/2016 04:17

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973

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**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.*

Email	Address:			 _

FLORIDA PROFIT/NON PROFIT CORPORATION MARCAIDA ORISHA BOUTIQUE INC

The state of the s	
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75



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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Marcaida Deisba Boutique INC
ARG LE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
20 WEST 18 ST - # 108
Hialeah 71 33014
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IVITIAL DIRECTORS AND/OR OFFICERS:
- Ariel Marcaida Nodarse-TE 5
ÖE Ö
<u> </u>
ARTICLE V INTITAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is: ARIEL MARCAIDA NOCIOESE
210 WEST (08 ST #108
Hialean FL 33014
ARTICLE VI INCOF RATOR: The name and address of the Incorporator is:
Hriel MARCAIDA NODARSE
TIO MEST 68 81 #108
TIUIPON HI 33014

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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

Rems - Agent

3)1/10 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.817.165, F.S.

MICOTOGRATOR

3/1/16

16 MAR - I PH 2: 22 SERVE LARY OF STATE

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