PAGE 01/03

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To:			
	Division of Co	rporations	
	Fax Number	: (850)617-6381	16
rom:			MAR
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	⇒ 5
	Account Number	•	-0
	Phone	: (305)552-5973	0
	Fax Number	: (305)675-5944	H
			င္မာ
		ess for this business entity to be used for futu lings. Enter only one email address please.**	r O
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F	mail Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION FRITANGA MORALIMPIA INC

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:	8 16
Fritango Moralimpia inc	16 MAR
ARTICLE II PRINCIPAL O) F;CE:	0 -
The principal street address and mailing address is:	corpenations PH 3: 10
4353 NW 7 Street	
Man: 1/ 33126	- 5
ADTECT FOR STANDS TO 1 (1) (1) (1)	
ARTICLE III SHARES: The number of shares of stock is: 100	•
ARTICLE IV INITIAL DIRECTORS AN JOR OFFICERS:	(>
Zulma ElietH Bustamante Jarquir	1 (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Zulma Elieth Bustamante Jara	fuin
4353 NW 7 St	,
Miami FL 33126	
ARTICLE VI INCORPORATOR: The name and correspond the Incorporator is:	
zuma Elieth Bustamante Jarqu	مانك
4353 NW 75+	~, * }
Miami FL 33126	

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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

Fulmor Bustamante 03/10/16.

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.817.155, F.S.

Zalmo, Bustamante. 03/10/16

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