

04/19/2016 15:47

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LAZARUS

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6381

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**FLORIDA PROFIT/NON PROFIT CORPORATION
L'FAM EMPIRE COMPANY**

Certificate of Status	0
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16 APR 19 PM 4:52

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: LFAM EMPIRE

Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

18161 SW 142 PL MIAMI FL 33177

Mailing address, if different is:

18161 SW 142 PL

Miami FL 33177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FASHION LINE OF CLOTHES AND FASHION DESIGN

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title:

Address

ADYEREN HERNANDEZ

Address:

18161 SW 142 PL MIAMI FL 33177

Name and Title: VICE PRESIDENT

Name and Title:

Address

ARIS AHMED CORDOVA

Address:

18161 SW 142 PL MIAMI FL 33177

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ADYEREN HERNANDEZ
 Address: 18161 SW 142 PL MIAMI FL 33177

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Adyeren Hernandez
 Address: 18161 SW 142 PL
Miami FL 33177

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 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*

 Required Signature/Registered Agent

04/14/2016

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.

 Required Signature/Incorporator

4/14/16
 Date

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