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.

(((H16000132989 3)))



H160001329893ABC6

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

: (305)552-5973

Phone Fax Number

: (305)675~5944

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

Email	Address:	 	 	 	
ド東サナト	Address:	 	 	 	_

~	. FI	ORIDA PROFIT/NON PRO	FIT CORPORATIO			
7:7		HABANA LIMA, INC				
. Zi		Certificate of Status	0			
	1.	Certified Copy	1			

Page Count Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

03

\$78.75

ARTICLES OF INCORPORATION 1 1 6 0 0 0 1 3 29 89 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:	
Habana Lima, Inc	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
3715 West 16 ave #14	
Highean FC 33012	
ARTICLE III SHARES: The number of shares of stock is:	_መ ስጥ ሲች
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	y date
SS 2	
Richard Irores : Tes &	· · · · · · · · · · · · · · · · · · ·
(President)	ν.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
RICHARD TRURES	
3715 WEST 16 AVE #14	
HIALEAH FL 33012	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
RICHARD IRURES	
3715 WEST 16 AVE #14	
HIALEAH FL 33012	
*n	

05/31/2016 15:13 3052201440

H16000132989

Required Signatures:

Having been named as registered agent to accept service of process for the above state	ed.
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	

REDITIONS OS 131 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.

Incorporator Date

16 HAY 31 PM 3: 18
SLUCE TARY OF STATE
SLUCE TARY OF STATE