Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H16000146287 3)))



H160001462873ABC2

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

Phone

: (305)552-5973

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:						
_	0	<u>= 1</u>				<u>~</u>	a about 1991
	## ## HB		LORIDA PROFIT/NON PROFIT CORPORATION BAUDEL III CORP		All Sand	E IS PH	
		1	Certificate of Status Certified Copy	0 1	F.O.H.O.	10: 14	and the same
	မ	نر. ارچدین	Page Count	03	Sec.		
	4		Estimated Charge	\$78.75			

3052201440

H 1 6 0 0 0 1 4 6 2 8 72

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

address	Mailing addn	ess, if different is:	
	5931 NW 173 DR STE 9		
	MIAMI, PL 33015		
organized is:		,	
,			
<i>nd/ur directur</i> z (MGRM)			
DR Ste 9	Address:	5	
15		IN S	
		5 5 5 S	
	Name and Title:	7 P	
	Name and Title;		
·			
	ND/OR DIRECTOR: Z (MGRM) DR \$to 9	organized is: O NDAGE DIRECTORS Z (MGRM) Name and Title: DR Ste 9 Address:	

H16000146287

Name	and Title:	Name and Title:		
Addre	35	Address:		
ARTICLE VI	REGISTERED AGENT Floridg street address (P.O. Box NOT accep	table) while and the same of the		
Name:	Luis F Rosales	which at me register en effekt is:		
Address:	5931 NW 173 DR 5ts 9			
	Miami, FL 33015			
<u>ARTICLE VII</u>	INCORPORATOR			
The name and	address of the incorporator is:			
Name:	Luis F Rosales			
Address:	5931 NW 173 DR Std 9			
	Miami, FL 33015			
Effective date,	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and filling.)	(OPTIONAL) compot be more than five business days prior or 90 husiness		
Note: If the da the document's	te inserted in this block does not meet the app effective date on the Department of State's re	olicable statutory filing requirements, this date will not be listed as coords.		
Having been no this certificate,	umed as registered agent to accept service of I am familiar with and accept the appointmen	process for the above stated corporation at the place designated in A as registered agent and agree to act in tills capacity		
	A STATE OF THE STA	06/15/2016		
	Required Signature/Registered Age	ont Date .		
I submit this de document to the	ocument and offirm that the facts stated here e Department of State constitutes a third degre	stn are true. I am aware that the false information submitted in a ce falony as provided for in s.817.155, F.S.		
	J. P.	06/15/2016		