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(Ad	ldress)		
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(Ci	ty/State/Zip/Phone	e #)	
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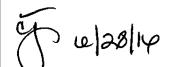


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FILED

16 July 20 PM 3 03



COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Law Offices of How Agroyegue, Y.A.						
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	f		
				_		
FROM: Rame (Printed or typed)						
19084 NE 29th Ale Ste 101 Address						
Avertiva, FL 33180 City, State & Zip						
Daytime Telephone number						
			THI CO PHI			
				至ので		
NOTE: Please provide the original and one copy of the articles.						

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

The name of the corpora	tion shall be: LSNA Offices	of Faul	, Agragate, Y.F
ARTICLE II PRINC	Principal street address	Mailin	ng address, if different is:
19084 N	E 29th Ale Stell		
Prentyo	JFL 33/80		
ARTICLE III PURPO The purpose for which t	PSE he corporation is organized is: +0 4	soude a	malty legal
			<u></u>
ARTICLE IV SHARI The number of shares of			FILED PH
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS	how the	
Name and Title	Poul Patreyrate Pros	Name and Title:	
Address	1081 DE 544 THE	Address:	
	Avertura, FL 33180		
Name and Title	·	Name and Title:	
Address		Address:	
Name and Title		Name and Title:	
Address		Address:	and white the second of the se

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	OT acceptable) of the registered agent is:
Name: Paul Parage	<u> </u>
Address: 19084 HE 29	that ste 101
Aventura, FL	33/30
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Paul Faleye	
Address: 19084 HE 29	th Ave She 101
Avantua, FL	33/80
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	. (OPTIONAL)
(If an effective date is listed, the date must be spe days after the filing.)	ecific and cannot be more than five business days prior or 90 business
Note: If the date inserted in this block does not meet the document's effective date on the Department of	et the applicable statutory filing requirements, this date will not be listed as State's records.
Having been named as registered agent to accept s this certificate, I am familiar with and accept the ap	ervice of process for the above stated corporation at the place designated i pointment as registered agent and agree to act in this capacity
Hall 688	5/15/16
Required Signature/Regis	stered Agent Date
I submit this document and affirm that the facts sidocument to the Department of State constitutes a ti	tated herein are true. I am aware that the false information submitted in hird degree felony as provided for in s.817.155, F.S.
720652/	4115116
Required Signature Mocorporator	Date