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.

(((H16000162761 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

1	ŀ	C	١	፥

Division of Corporations

Fax Number

: (850)617-6381

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 1200000000019

: (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.

Emoi7	Address:		
PRIST L	acoress:		

FLORIDA PROFIT/NON PROFIT CORPORATION PKA CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

mom

Electronic Filing Menu

Corporate Filing Menu

Help

PAGE 02/03

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:

ARTICLE	oration	OFFICE:		
	reet address and mai		-	`
501 W	68 S		7+3	
Higlean		3301		٠
		1	00	
ICLR III SHARES: Th	e number of shares or	f stock is:	<u> </u>	
ARTICLE IV INT	MAL DIRECTORS	AND/OR OF	ICERS:	
kirenia	Guz	man	(P)	
			,	=
				άĵ
		·		ώ
RTICLEV INITIAL RI	EGISTERED AGEN	T AND STRE	ET ADDRES	<u>ss:</u>
name and Florida street add	iress (PO Box not acc	eptable) of the	registered age	ent is:
Kirenia	GUZ	man_		
RITETION			2001	3
501 W	60	ST	Litz	
501 W Hialeah	68 FL	_ST 33c	117 115	
501 W Hialeah	<u>68</u> FL	_ST330	117	
501 W Higlegh TICLEVI INCORPO	FL RATOR: The name a	ST 330 and address of t	he Incorporal	tor is:
501 W Hialeah	<u>Gu</u>	ST 330 and address of t 2MON 58 S	he Incorporal	toris:

H16000162761

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

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

SECRITION STATE OF STATE ORIDA