

**Florida Department of State**  
**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.**

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**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:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ALL WISH CORP.**

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

**ARTICLES OF INCORPORATION** H16000173347  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME:** The name of the corporation is:

ALL WISH CORP.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4854 SW 66th Way  
Davie / Fort Lauderdale FL 33314

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Alberto Fernandez Calderon (P)

16 JUL 19 AM 8:35

FILED

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Alberto Fernandez Calderon  
4854 SW 66th Way  
Davie / Fort Lauderdale FL 33314

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Alberto Fernandez Calderon  
4854 SW 66th Way  
Davie / Fort Lauderdale FL 33314

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**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

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