Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 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 DEITY ELIXIRS INC.

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

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

ARTICLE 1 NAME: The name of the corporation is:		
DEITY ELIXIRS INC.		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
4873 NW 4 ST MIAMI FL 33126		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
ISIS KLEIN - PRESIDENTE 2 F		
•		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
ISIS KLEIN		
4873 NW 4 ST		
MIAMI FL 33126		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
ISIS KLEIN		
4873 NW 4 ST		
MIAMI FL 33126		

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Required Signatures:

Having been named as registered agent to accept service of corporation at the place designated in this ceptificate, I am	process for the above stated familiar with and accept the	
appointment as registered agent and agree to act in this capacity		
Régistered Agent	7/26/16 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 \$.817.155, F.S.