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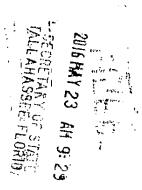
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone i	#)
. PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Name	
(Dc	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 2016 MAY 23 AM 9: 23

SUBJECT: Inversiones Lamus Pendez Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REOUIRED

FROM:	Ilba del Valle Mendez de Lamus Name (Printed or typed) Ar	
		+ C112
_	2940 NE 203 str Mami F/, 33/80 Address	
	Address	
_	Miami fl, 33180	
_	City, State & Zip	
_	786 - 9753640	
	Daytime Telephone number	
_	maxigurto6@gmail.com Binail address: (to be used for future annual report notification)	
	B-mail address: (to be used for future annual report notification)	

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 corporat	ion shall be: <u>Inversiones</u> Lar	nus Ten	dez na	
	<u>IPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if different is:	
2940 NE.	203 str Mami Fl.	51	IME	
33180		· .		
ARTICLE III PURPO The purpose for which the	OSE ne corporation is organized is:			
	e and Distribuition	of ha	ndmade yogurt	
and milk	Derivated product	<u>'</u> _s		
	· · · · · · · · · · · · · · · · · · ·		7AE C 16	
1-2-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			RETAIL	en in the second
		····	<u> ဟုိ</u> ယ	_
			AM 9:	-(;
ARTICLE IV SHARE The number of shares of	ES IO stock is:		10	
	,			
	: Ilba Mendez de lamus	Nume and Title	Gustavo Enrique lamus	Aire
Address	2940 NE 203 Str Mami		2940 NE 203 Str. Tion	
	F1, 33180		F1, 33180.	-
				_
Name and Title:		Name and Title	ı:	
Address				
				_
		-		-
None and Title		Name and Title		
Address				
Address		_ Audiess.		-
		•		-

and the second	**		
	t .		
Name and	d Title:	Name and Title:	
Address		Address:	
			
	<u>REGISTERED AGENT</u> Iorida street address (P.O. Box NO	T acceptable) of the registered agent is:	
Name:	1	- Lamus Curvelo.	
Address:	2940 NE 203 S		201 5
-	Fl, 33180		2016 HAY 23 SLORE TAR
ARTICI F VII	INCORPORATOR		TARY NASS
	ddress of the Incorporator is:	1	
Name:	Ilba Mendez	de Lamos	9: 23 9: 23
Address:	2940 NE 203 ST	7	
	Fl, 33180		
	·	Z 1	
Effective date, if	other than the date of filing:	7# of Mayo 2016. (OPTION	NAL)
days after the fi		cific and cannot be more than five bu	isiness days prior or 90 business
	e inserted in this block does not mee effective date on the Department of	et the applicable statutory filing requirer	ments, this date will not be listed as
	•		
		ervice of process for the above stated co pointment as registered agent and agree	e to act in this capacity
			05/19/2016 Date
I mekanis shi a	Required Signature/Regis	_	2
document to the	Department of State constitutes a th	nated herein are true. I am aware that hird degree felony as provided for in s.8	
<u></u>	Ilbahmay de Jar ired Signature/Incorporator		05/19/2016
Kequi	ned Signature/Incorporator		Date