

Florida Department of State  
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.  
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Phone : (305)552-5973  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AERB CORP.**

Certificate of Status	0
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Estimated Charge	\$78.75

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Corporate Filing Menu

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S. GILBERT

SEP 1 2016

SEP 14 2016

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

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

AERB CORP.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

445 NW 4<sup>th</sup> ST APT 201

MIAMI FL 33128

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

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

MANASANAN PHORASAMEE (P)

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

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

Manasanan Phorasamee

445 NW 4<sup>th</sup> ST APT 201

Miami FL 33128

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

Manasanan Phorasamee

445 NW 4<sup>th</sup> ST APT 201

Miami FL 33128

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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 Agent09/13/16  
\_\_\_\_\_  
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 s.817.155, F.S.

  
\_\_\_\_\_  
Incorporator09/13/16  
\_\_\_\_\_  
Date

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