

09/29/2016 15:57

0052201440

LAZARUS

01/03

P16 000079587

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.

(((H16000243016 3)))



H160002430163ABCX

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

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
ADRIEL, AILEN, ASHLEY CORP**

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

T. BURCH

SEP 28 2016

Electronic Filing Menu

Corporate Filing Menu

Help

H16000243016

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:Adriel, Ailen, Ashley Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5001 NW 4th Terrace
Miami FL, 33126**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Adriel Hernandez Gonzalez (P)
Ailen Cueto Abraham (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

ADRIEL Hernandez Gonzalez
5001 NW 4 Terr
MIAMI FL 33126**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ADRIEL Hernandez Gonzalez
5001 NW 4 Terr
Miami FL 33126

H16000243016

09/29/2016 15:57

3052201440

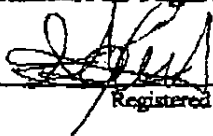
LAZARUS

PAGE 03/03

H16000243016

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

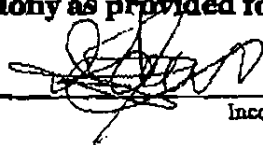


Registered Agent

9/29/16

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.



Incorporator

9/29/16

Date

16 SEP 29 PM 4:50
1317
TALLAHASSEE, FLORIDA

H16000243016