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.

(((H16000255071 3)))



4160003660713490

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 : 12000000019
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 IMPORT MELIAN CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

m. inlialis

3052201440

ARTICLES OF INCORPORATION 5000255071 In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Import Helean Corp.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
10525 Sw 158 Place. 32 =
Mami Floreda; 33196.
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Joan Ivan Halpon langues (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
JOAN TUAN MELIAN LINAPES
DEST SILLIES DI
10325 SW 138 PL
141101111 FL 35140
APTICLE III PICOPNOD ATOD The serve and address (Ab. Increase and address (Ab. Increase and Ab. Increase and
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
TORDE SIM INCLUDIO DI
10020 SVV IVA FL
MIAM 1 + 33196

H16000255071

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

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.

Inderporator

36 OCT 14 AM 10: 07
SLUMMIN Y OF STATE
TALLAHASSEE FLORIO