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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

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## FLORIDA PROFIT/NON PROFIT CORPORATION EL BOQUERON HANDY MAN, INC.

Certificate of Status	0
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## ARTICLES OF INCORPORATION #160002825 82

ARTICLE I NAME: The name of the corporation is:

<u> </u>	L BOQUERON HANDY MAN, 1	NC,	
	ARTICLE IL PRINCIPAL OFFICE:		
	The principal street address and mailing address is:		
	190 NE 121 TERRACE		
	NORTH MIAMI, FL 33161	<del></del>	
	The state of the s	<del></del>	
40	the state of the s	'n	
RIE	CLE III SHARES: The number of shares of stock is: 100	<u> </u>	<u> </u>
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFI	CERS:	
	FAUSTINO BATISTA	<u> </u>	
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••	rame and Florida street address (PO Box not acceptable) of the re-	•	
••	rame and Florida street address (PO Box not acceptable) of the re- FAUSTING BATISTA 190 NE 121 TERRACE	gistered agen	
••	rame and Florida street address (PO Box not acceptable) of the re-	gistered agen	

H16000282582

## 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

10-21-2016

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 a \$17.155. F.S.

lacorporator

1021-2016 Date