

# PH00000667

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.  
Account Number : I20000000019  
Phone : (305)552-5973  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
SARU HANDMADE ACCESSORIES CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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TALLAHASSEE FLORIDA

11/5/17

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:SARU Handmade accessories corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8249 SW 163 pl 33193 Miami FL**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Sally Ruth Pajoy (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Sally Ruth Pajoy8249 SW 163 PLMIAMI FL 33193**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Sally Ruth Pajoy8249 SW 163 PLMIAMI FL 33193RECEIVED  
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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

Scott R. Pejo 1/4/17  
Registered Agent 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.

Scott R. Pejo 1/4/17  
Incorporator Date

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DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

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