Division of Corporations Clectronic Plang C wer Sleep

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To:

Division of Corporations

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Account Number : I20150000086

Phone : (786) 469-9163 : (305) 848-3716.

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COVER LETTER

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FROM		<u> </u>	
•	Name	(Printed or typed)	•
··;	2400 NE 65TH ST		
	•	Address	
	FT LAUDERDALE, FL 33308	1880	
	City,	State & Zip	· · · · · · · · · · · · · · · · · · ·
	(786)403-6870		
		elephone number	

NOTE: Please provide the original and one copy of the articles.

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

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	. 33308			
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	LOFFICERS AND/OR DIRECTORS		AM 8: 2 OF STAI FLORE	
Name and Title	IRIS M. SANCHEZ MILIAN. P 2400 NE 65TH ST	Name and Title:	57 8	
Address	2400 RE 831R 81	Address:	· <u> </u>	
•	FT LAUDERDALE, FL 33308	, , ,		
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Address: Address: RETICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: RIS M. SANCHEZ MILIAN. P Address: 2400 NE 65TH ST FT LAUDERDALE, FL 33308 RETICLE VII INCORPORATOR The name and address of the incorporator is: ERIK GONZALEZ MIAMI, FL 33144 ARTICLE VII EFFECTIVE DATE: MIAMI, FL 33144 ARTICLE VIII EFFECTIVE DATE: O2/02/2017 MIAMI, FL 33144 ARTICLE VIII EFFECTIVE DATE: O2/02/2017 If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business lays after the filling.) Otto: If the date inserted in this block does not meet the applicable sistuitory filling requirements, this date will not be listed the document's effective date on the Department of State's records. Making been named as registered agent to occupt service of process for the above stated corporation at the place designates this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity O2/02/2017 Required Signature Inguigations Date O2/02/2017 Required Signature Inguigations Date	Name and	l Title:	Name and Title:
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