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 : I200000000019 Phone : (305)552-5973

: (305)675-5944 Fax Number

**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 NUESTRO LUGAR DE AMOR ALF INC

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Electronic Filing Menu Corporate Filing Menu

Help

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In compliance with Chapter 607 (Profit)

ARTICLEI	NAME: The name of the cor	poration is:	
NUESTro	Lugar De	AMOV ALF INC	
	LE II PRINCIPAL OFFIC		
	l street address and mailing ad		
403 100 -	136 PL FL 33182		
	22704		
ARTICLE III SHARES:	The number of shares of stock	is: 106	
	NITIAL DIRECTORS AND	OR OFFICERS:	
Mayencys	Triana	<u>(+)</u>	
		ZII FER	
	REGISTERED AGENT AND	DSTREET ADDRESS:	
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LAZARUS

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Required Signatures:

TALLAHASSEE, FLORIDA

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 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

Date