Division of Corporations Electronic Filing Cover Sheet

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To:				
	Division of Cor	porations		
	Fax Number	: (850)617-6381		
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From:	•		~ > co = 2	\ 2
	Account Name	: LAZARUS CORPORATE FILING SERVICE. INC.		7117
	Account Number	: I2 000000019	_	
	Phone	: (305)552-5973		r j
•	Fax Number	: (305)675-5944		
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FLORIDA PROFIT/NON PROFIT CORPORATION BACKSPLASH MIAMI INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78,75

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF INCORPORATION H17000052156

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

BACKSPLASH MIAMI INC		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is: 6925 NW 173rd Dr Apt 102		
HIALEAH, FL 33015		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
ALEJANDRO AGURRAE DIAZ (P)	2017 FEB	
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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
ALEJANDRO AGUIRRE DIAZ		
GA25 NW 173rd Dr Apt 102		
HIALEAH, FL. 33015		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
CO25 NILL 173d Dr Aust 102		
0120		
HIALEAH, FL. 33015.		

FILED #17000052156

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TÄLLÄMÄSSEE, FLOMBA S**9**

Required Signatures:

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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

2/23/17 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 \$\\$.817.155, F.S.

Incorporator

2/23/17.