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| To: | |
|-------|--|
| | Division of Corporations |
| | Fax Number : (850)617-6381 |
| From: | |
| • • | Account Name :/LAZARUS CORPORATE FILING SERVICE, INC. |
| . , . | Account Number : 120088000019 |
| | Phone |
| | Phone (305)552-5973 Fax Number (305)675-5944 |
| | A CONTRACTOR OF THE CONTRACTOR |
| | the email address for this business entity to be used for future nual report mailings. Enter only one email address please.** |
| E- | nd I Address. |
| Em | all Address: |

FLORIDA PROFIT/NON PROFIT CORPORATION BUENAVISTA PREMIER SERVICE CORP.

| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

MAR 0 8 2017

T. SCOTT

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

| ARTICLE I NAME: The name of the corporation is: | | | | | | |
|---|----------------------|--|--|--|--|--|
| Buenavista Premier Beruce Corp. | - . | | | | | |
| ARTICLE II PRINCIPAL OFFICE: | | | | | | |
| The principal street address and mailing address is: 7090 Bonika Br. APT # 308 | | | | | | |
| miami beach 33141 | | | | | | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | | | | | | |
| alain Hunga Naranio (P) | | | | | | |
| - Caroni France Ivalianjo | | | | | | |
| | 37. | | | | | |
| | | | | | | |
| | | | | | | |
| | H:3 STATE FORE | | | | | |
| | <u>Σ</u> | | | | | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: | | | | | | |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: | | | | | | |
| Alain Muñoz Naranje | | | | | | |
| 7090 Bonita Dr APT # 308 | | | | | | |
| Miami Beach FL 33141 | | | | | | |
| | | | | | | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: | | | | | | |
| Alain Muñoz Naranjo | | | | | | |
| 7090 Bonita Dr APT # 300 | | | | | | |
| Miami Beach FL 33141 | | | | | | |
| *********** | 74 | | | | | |

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Required Signatures:

| • | |
|--|---------------------------------|
| Having been named as registered agent to accept service corporation at the place designated in this certificate, I appointment as registered agent and agree to the service of the service | am familiar with and accept the |
| Registered Agent | Date |
| | |
| submit this document and affirm that the facts stated he false information submitted in a document to the Dephird degree felony as provided for in s.817.155, F.S. | |
| (shall | |
| Incorporator | Date |
| | |