Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000081190 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*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 MUGS AND MORE INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 2 7 2017

T. SCOTT

H17000081180

## ARTICLES OF INCORPORATION -In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

Mugs and MORE INC.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is: 11211 SW 48St Miami Fl. 33161	
<del></del>	
ARTICLE III SHARES: The number of shares of stock is: 100	_ <del>_</del> .
JUAN	
	<i>?</i>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	<u> </u>
The name and Florida street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) of the registered agent in the street address (PO Box not acceptable) and the street acceptable acceptable accepta	s:
1211 SW 48 ST	
Miami FL 33165	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is	):
1311 SW 48 ST	
Miami FL 33165	1000 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

H17000081190

## 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

Registered Agent

03-17-2017 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.

\_

Date

H17000087190