## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:			<b>E</b>	Ħ
***	Division of Corporations		S	ij
		: (850)617-6381	333	::
From:			700	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	0	5: 04
	Account Number	: 120000000019	골속	2
	Phone	: (305)552-5973	Ęn.	•
	Fax Number	: (305)675-5944	-	
וחב	the email address nual report maili	s for this business entity to be used for ngs. Enter only one email address please.	future **	

## FLORIDA PROFIT/NON PROFIT CORPORATION MARIELA JAVI CORP

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: MARIELA ARTICLE II PRINCIPAL OPFICE: The principal street address and mailing address is: SHARES: The number of shares of stock is: 100 INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: • INCORPORATOR: The name and address of the Incorporator is: H17000153097

H17000153097

## 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

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

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