Division of Corporations
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To:

**Division of Corporations** 

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: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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## FLORIDA PROFIT/NON PROFIT CORPORATION SISTER GROUP INC.

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Electronic Filing Menu

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

ARTICLE I NAME: The name of the corporation is:

SISTER GROUP INC.	<b>ガ</b> シュー	
ARTICLE II PRINCIPAL OFFICE:	CRET	r L
The principal street address and mailing address is:	TASS MASS	
815 N Homestera BLUD X 203	SEE-F	
Horrestean , FL 33030		
	<b>*</b>	-
ARTICLE III SHARES: The number of shares of stock is:		<b>(40</b> )
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	_	_
vilian santos de castro Torres M	<u>1e10</u> (f	2)
Gonzalo Gabriel Torres_M	lelo V	(P)
		_
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDR	<del></del>	
The name and Florida street address (PO Box not acceptable) of the registered solution Scotos De Castro	agent is: Toyles	Melo
815 N Homestead Blvd		
Homestead FL 33030	<u> </u>	)
HOMESTEAR 10 0000	1	
ARTICLE VI INCORPORATOR: The name and address of the Incorpor	rator is:	
Lilian Santos De Castro	Torres	Melo
815 N Homestead BIV	d #20	25
Homestead FL 3303		
H18000	0994	22

## 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

Llian Sentes de Castro Voivas Melo
Registered Agent Date

I submit this document and affirm that the facts stated berein 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.

Lilian Enter de Partos Tossas melo
Incorporator Date