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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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

\*\*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 MPA WOODWORKS CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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APR 1 1 2018

T. SCOTT

04/10/2018 15:31

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	ARTICLE II PRINCIPA	LOFFICE:
_	The principal street address and n	nailing address is:
388	_	
Klian	i_FL_33175	SSE
<u></u>	11,10	
<del></del>		3) A
RTICLEHI	SHARES: The number of shares	s of stock is: \OG
· —		
ARTIC	LE IV INITIAL DIRECTOR	S AND/OR OFFICERS:
Hilma	Crisping Mus	razza. [P]
Pabel	Form Bong.	1 (VP)
ARTICLEV		NT AND STREET ADDRESS:
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		eceptable) of the registered agent i
	lorida street address (PO Box not ac	
	lorida street address (PO Box not ac	eceptable) of the registered agent i
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The name and F	lorida street address (PO Box not ac Ma Crisping I Sw 142 iami FL INCORPORATOR: The name a	mugarrander Registered agent in Mugarrander Registered agent in Mugarrander Registered agent in Registered

618000115498

## 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

LAZARUS CORPORATE

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.

Africana 4-10-2018.

Theorporator Date