

Electronic Filing Cover Sheet

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	Division of Co	rporations	· ;		
	Fax Number	: (850)617-6381		APR	
From:			102		•••
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.		ယ	•
	Account Number	: 12000000019	rn.,	-10	÷ ,
	Phone	: (305)552-5973	·	x	: •
	Fax Number	: (305)675-5944	рта (сл. Сария	ယ္မ	
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ann	ual report maili	ings. Enter only one email address please.*	•		
Ema	il Address:				

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		AR	TICLES OF 1	NCORPO	RATION		
			In compliance wi	h Chapter 607	(Profit)		
		ARTICI	EI NAME: T	The name of th	e corporation	is:	
	TI	ERAPY	1 COR	NER	OF M	1. Aug	TRE.
			RTICLE II P				
		The pr	incipal street add	ress and maili	ng address is:		
	<u>.</u>					Τ.	
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				<i>,</i>			
	ARTIC		D <u>RPORATOR:</u> T A-l (A	he pame and : V - D	address of the	Incorporator is):
	<u></u>		ARIA .	<u>+ 2-7 ·</u>		<u> </u>	
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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

218 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.

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Y	M. Gapez	4/11/2018	
	Incorporator	Date	•

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