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LAZARUS CORP

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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ESCRITORNI CORP**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF INCORPORATION**
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**ARTICLE I NAME**The name of the corporation shall be: ESCRITORNI CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address17344 SW 7 STPEMBROKE PINES, FL 33029

Mailing address, if different is:

17344 SW 7 STPEMBROKE PINES, FL 33029**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GILDA J GOMEZ GRUNAUER (P)Address: 17344 SW 7 STPEMBROKE PINES, FL 33029

Name and Title: _____

Address: _____

Name and Title: TOMAS A GALLEGOS GOMEZ (VP)Address: 17344 SW 7 STPEMBROKE PINES, FL 33029

Name and Title: _____

Address: _____

Name and Title: CARLOS A GALLEGOS GOMEZ (S)Address: 17344 SW 7 STPEMBROKE PINES, FL 33029

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LUIS F ROSALES
Address: 5931 NW 173 DR STE 9
MIAMI, FL 33015

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LUIS F ROSALES
Address: 5931 NW 173 DR STE 9
MIAMI, FL 33015

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent

4-17-18
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.

Required Signature/Incorporator

4-17-18
Date

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TALLAHASSEE, FLORIDA

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