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	Division of Co	rporations		· ' ···	(A) (T)	· \
	Fax Number	: (850)617-6381				
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From:				. 1	5	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, 1	INC.	۰.	5.7P	•
	Account Number	: 120000000019			A H	
	Phone	: (305)552-5973			ى د	•
	Fax Number	: (305)675-5944		42	 ~4	L
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

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**FLORIDA PROFIT/NON PROFIT CORPORATION** THE AGENCY FIRM INC Certificate of Status 0 INFUNCTION JUS

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

<b>ARTICLE I</b> NAME: The name of the corporation is:
The Agency Firm Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
1581 W 49 St #280
thaleah # 33012
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Francisco T Lopez (P)" =
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Francisco T Lopez
1581 W 49 ST + 280
Higleah FL: 33012
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Francisco T Lopez
$\frac{1581}{1581} = \frac{191}{100} $
Higlegh FL 33012
H18000279625

## 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

9 ٠, Registered 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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9 251 18 Incorporator Date



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