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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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## FLORIDA PROFIT/NON PROFIT CORPORATION CARMEN RUIZ-UNGER, PA.

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with	Chapter 607	and/or Chapter 621	, F.S. (Profit

The name of the corporation shall be: Quen Ruiz-	Unaer G	PA.	
ARTICLE II PRINCIPAL OFFICE	- W () C		<u> </u>
Principal street address		Mailing address, if o	lifferent is:
7000 SW 148 Terrace	<del></del>		
Palmetho Bay, Fl. 33158		same	<u> </u>
· · · · · · · · · · · · · · · · · · ·		Princis	va i
ARTICLE III PURPOSE	<del></del>		
The purpose for which the corporation is organized is:			
0 1 - 1 1			
Neal Estate			
			<del></del>
			<u></u>
		-	_{,, <b>(</b> C)
_			7 P
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			្ មា ់
ARTICLE IV SHARES			<b>2</b>
The number of shares of stock is:	<del></del>	Ę	
ADDRESS IN CONTRACT OFFICE AND ADDRESS AND			· 62
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR			
Name and Title: Carmen Ruiz-Unger	_ Name and Title:		
Address 7000 Sw 148 Ter	TAddress:	·	
Palmetto Bon F	<u>-ر</u>		
33158	_		
Name and Title:	Name and Title:		
Address	_ Address: _		
<u> </u>			
Name and Title:	Name and Title:		
Address	_ Addr <del>es</del> s: _		
		·	
	-		

25/2018 15:5	55 3052201440	LAZARUS CORPORATE ;	PAGE 03/03
			(conti.)
Name	and Title:	Name and Title:	
Addre		Address:	
	<del></del>		
ARTICLE VI		OT acceptable) of the registered agent is:	
Name:		12-Unger	SE 25
Address:		18 Terrace	F-2
	0.1	N FL 33158	5 L
ADDICE D	_		2:6 HW
	I INCORPORATOR		e 2
	address of the Incorporator is:	52 1200¢	
Name:	tomen R	<u>viz-U</u> nger <u>8 T</u> errace	
Address:	<b>.</b>		
	turnet to B	XX PL 33158	
Having been no	amed as registered agent to accept so	ervice of process for the above stated corporation a	t the place designated in
ins cerujicule	1 am Jamanar with and accept the ap	pointment as registered agent and agree to act in the	ts capacity
	Required Signature/Regis	Hered Agent	9/25718 Date
I submit this do	cument and affirm that the facts st	taled herein are true. I am aware that the false inf	ormation submitted in a
40cument to the	veparament of State constitutes a th	hird degree felony as provided for in s.817.155, F.S.	/ / .
	Required Signature for	orporator	9/25/18