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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019
Phone : (305)552-597

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION EMOJIWRAP CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

In compliance with Chapter 607 (Profit)	
ARTICLE I NAME: The name of the corporation is:	_
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
The principal street address and mailing address is: 11415 sw 59 Te224ce MiAmi FL 33173	•
MIAMI + 6 33/73	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV / INITIAL DIRECTORS AND/OR OFFICERS:	
Humberto Lairoude (P)	
70 TO	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	71
The name and Florida street address (PO Box not acceptable) of the registered agent is	
FIUMBEL TO LATITUDE SIG	M
11415 S.W. 59 Terr :	O
Migmi FL 33173 5 5	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
TUITION LATITIONS	
11715 5.W. 57 Let 1.	
MIGIMI FL 901 to	

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

Registered Agent Date

I submit this document and affirm that the facts stated herein arc 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.

rporator Date