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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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

Email Address:\_

## FLORIDA PROFIT/NON PROFIT CORPORATION HAPPY KIDS PPEC FOUNDATION, CORP.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$78.75 |

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Corporate Filing Menu

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of HAPPY KIDS PPEC FOUNDATED COMPS.

MITODOCO 6510 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

4 Works

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

| Happy Kins PAEC FOUNDATION, CORP. }  | 2019<br>Saf- |
|--|--------------|
| ARTICLE II PRINCIPAL OFFICE:   | 000          |
|  |              |
| The principal street address and mailing address is:                               | 3 ≥          |
| 4786 NW 167th struct   | AM EL AS     |
| miamy Garbens, FL 33014 3  | 5            |
|  |              |
| 100  |              |
| ARTICLE III SHARES: The number of shares of stock is:                              |              |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:                                      |              |
| YAMEL RODRIGUEZ ARNO, PRESIDENT  |              |
|  |              |
| Cantos m macias vice president   |              |
| Lazaro Carret vice president   |              |
|  | <del></del>  |
|  |              |
|  |              |
| · · · · · · · · · · · · · · · · · · ·  | _            |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS                              | S:           |
| The name and Florida street address (PO Box not acceptable) of the registered agen |              |
|  |              |
| YAMEL ROOMIGUEL ARNP   | _            |
| 4756 NW 167th St   | <b>_</b>     |
| mani 6927en 5   FL 33014)  |              |
|  |              |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporato                   | r is:        |
| YAMEL RODALLUEZ ARMP   |              |
| 4756 NW 167th ST   |              |
| Wigni Gannons, FL 33014  |              |

## 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

Rogistered 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.

hoorporator Date