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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 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. \*\*

Email Address:\_\_\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION HERBY WRAPZ INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Help

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation	ı is:	
Herby Wrap 2 INC		
ARTICLE II PRINCIPAL OFFICE:	<del></del>	
The principal street address and mailing address is	-	
3461 Sw 124th ct	•	
Mismi Fi 33175		
RTICLE III SHARES: The number of shares of stock is:	~	
DESCRIPTION OF SHARES OF STOCK IS:	<u> </u>	~-
ARTICLE IV INITIAL DIRECTORS AND/OR OF	FICERS:	
Heriberto Toledo (P)		2015
		<u>ائن</u> (
		결절
	4.1	=======================================
		05
ARTICLE V INITIAL REGISTERED AGENT AND STREE	ET ADDRESS.	
ne name and Florida street address (PO Box not acceptable) of the r		:
Schol Sw 124th OL		
Mismi F1 33175		
Hariberto Tolebo		
1134 10 10120		
RTICLE VI INCORPORATOR: The name and address of th	e Incorporator is:	
3/61 8W 1244 CH		
Mismi F1 33175		
LICE OF OF OTO STOLEN		

## 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

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