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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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
Lili's Corp.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D O'KEEFE
MAR 11 2019

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: LLIS CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address: 800 BRICKELL AVE. Suite 1410
MIAMI, FL 33131

Mailing address, if different, is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR INCORPORATOR

Name and Title: BRUNO AGUIEIRAS, PRESIDENT
Address: 800 BRICKELL AVE
SUITE 1410
MIAMI, FL 33131

Name and Title: NATALIA REBENE, VICE PRESIDENT
Address: 800 BRICKELL AVE
SUITE 1410
MIAMI, FL 33131

Name and Title:
Address:

Name and Title:
Address:

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____ _____

_____ _____

ARTICLE VI: REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System

Address: 1200 South Pine Island Road

Plantation, FL 33324

ARTICLE VII: INCORPORATOR

The name and address of the incorporator is:

Name: ELIZABETH LATORRE

Address: 900 BRICKELL AVE #1410

MIAMI, FL 33131

ARTICLE VIII: EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

C T Corporation System

By: Madonna Cuddihy 3/8/19

Required Signature/Registered Agent Assistant Secretary 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.

_____ 03/07/2019

Required Signature/Incorporator Date

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FLORIDA DEPARTMENT OF STATE

TALLAHASSEE, FLORIDA