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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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 JOSE H. SUAREZ P.A.

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

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in compliance with Chapt	OF INCORPORATION er 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
13318 SW 113 PL MIAMI FL 33176	SAME
MIAMI FL 33176	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
REAL ESTATE	(REALTOR)
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS
Name and Title: JOSE HUMBER	
Address: <u>B318 SW 113 1</u> MIAMI FL <u>331</u>	
Name and Title:	
Address:	Address:
Name and Title	
Name and Title: Address:	

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ARTICLE VI REGISTERED	AGENT		
The name and Florida street addr	ess (P.O. Box NOT acceptable) of	the registered agent is:	
Name: SOSE HUI	MBERTO SU	VAREZ	
Address: 13318 S	SW 113 PC		
MIAMI	FL 33176		
ARTICLE VII INCORPORATION IN INCORPORATION IN INCORPORATION INCORPORATIO	ATOR		
Name: JOSE H	UMBERTO S	SUAREZ	
Address: 13318 S	W 113 PL		
MIAMI	FL 33176		
Having been named as registered as his certificate, Lam familiar with an	gent to accept service of process for accept the appointment as registed.	**************************************	designated in
Barred Signature/Regi	stered Agent	Date	
submit this document and affirm to locument to the Department of State	hat the facts stated herein are true constitutes a third degree felony o	e. I am aware that any false information so as provided for in s.817.155, F.S.	ıbmitted in a
P			
Beautiful Signature/Incom	porator	Date	