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To:				
	Division of Co	porations		
	Fax Number	: (850)617-6381		
From:				
	Account Name	: LAZARUS CORPORATE FILIN	G SERVICE	TNC
	Account Number	: 12000000019	d Schulce,	LIVL
	Phone	: (305)552-5973		
	Fax Number	: (305)675-5944		

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

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FLORIDA PROFIT/NON PROFIT CORPORATION MDH EATERY, INC.

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ARTICLES OF INCORPORATION i In compliance with Chapter 607 (Profit)	-	,	
<b>ARTICLE 1</b> NAME: The name of the corporation is:			
MOH Eatery Inc.	SECI	2019 APR	
ARTICLE II PRINCIPAL OFFICE:	AHAS		<u> </u>
The principal street address and mailing address is:	SEE.	16 AH	( ÚT)
0819 NW 111 Terrace	ELOH	м <b>р</b>	D
- Hialeah Gardens FL 33018	0 m	27	
ARTICLE III SHARES: The number of shares of stock is:		<b></b> .	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS	2.		
Borges (President)			
Marlene Hernandez [Vice President]			
7			
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDE	LESS:		
of the registered	acont in		
MELEDE Becnandez			
Hipleph (mail)			
Hialcoh Lacdens, FL 33018			
ARTICLE VI INCORPORATOR: The name and address of the Incorpora	ator is:		
Hernandez			
- DD 14 NW III TERROCE			
Hialeah (zardens, FL 33018			

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## <u>Required Signatures:</u>

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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

Monimore	
Registered Agent	
wegistered 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.

madhmood	Incorporator	 Date
mallmar	Incorporator	 Date

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