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	Fax Number	: (850)617-6381	MAY
From:			
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	1
	Account Number	: I20000000019	7:3
	Phone	: (305)552-5973	-:;; -:::::::::::::::::::::::::::::::::
	Fax Number	: (305)675-5944	$\vec{\Delta}$
	•		-
		s for this business entity to be used for future ings. Enter only one email address please.**	٠,

FLORIDA PROFIT/NON PROFIT CORPORATION DULCETORIA INC.

Certificate of Status	0	
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

DULCETORIA INC.	13	ZIVIC S
ARTICLE II PRINCIPAL OFFICE:		SION C
The principal street address and mailing address is: 20225 NE 344 CT.	7 7412	AKY OF FORFY
UNIT # 219	<u>-</u> 5	字: 字:
AVENTURA FL. 33187)	•
ARTICLE III SHARES: The number of shares of stock is: 500		
ARTICLE IV INTITAL DIRECTORS AND/OR OFFICERS:	٨	~4
IVONNE DAVIS - Presio	len	1
20225 NE 34th CT.		
UNIT # 219		
AVENTURA FL 33180		
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
LYONNE DAVIS		. ~
20225 NE 34th CT. UNIT	# 21	4
A VENTURA, FL 33180		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
1 VONNE DAVIS		
20225 NE 34th CT. UNIT #	= 21	9
AVENTURA FL 3318	0	,

10/31/2024 2:39PN FAX 3058744224

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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

Nome Davis 5/17/19
Registered Agont 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.

theomorator

incorporator

Date