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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I28000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

\*\*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 MI NUEVA VIDA ALF INC

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Mi NUEVA VIDA ALFINC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
403 NORTHWEST BLYD MIAMIF - 3312
ADTICUTE TO THE CONTAINS OF TH
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
YAMIRI LEON INFANTS (P)
ASS 2
SA P P
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Vamini Leon Infante
403 Northwest Blud miami f-1 32125
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Yamiri Roo Infente
403 Northwest Blud miami F133126

## 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

resistered Agent 0--26-19
Registered 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.

107 - 26 - 19
Incorporator Date