Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000246762 3)))



и опплав76234804

	Doing so will generate another cover sheet.	- <del></del>	- 7
		<b>b</b> +	
To:			
	Division of Corporations	577 : 174	
	Fax Number : (850)617-6381		
		1.	
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.		
	Account Number : 120000088919		
	Phone : (305)552-5973 Fax Number : (305)675-5944	* ,,,	
	Fax Number : (305)6/5-5944		
ลกเ	the email address for this business entity to be used for mual report mailings. Enter only one email address please. •	future 	
Ear	all Abdi 655		

## FLORIDA PROFIT/NON PROFIT CORPORATION AUTHENTIC PRODUCTS CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

The principal street address and mailing add				
12207 SW 24 TERR M		FL		
33175				
	<b>\</b>	00		
RTICLE III SHARES: The number of shares of stock i	5: <u>l</u>		<del></del> -	
ARTICLE IV INITIAL DIRECTORS AND/O	<u> DR OFFI</u>	E :: S:		
David Martinez (P)		<del>&gt;-</del>	19	
		(Be- 		-
		Ya.	<del>-</del> <del>-</del> <del>-</del> - <del>-</del> <del>-</del> - <del>-</del>	-
			<u></u> (∃)	
		<del></del>	_ ~	
ARTICLE V INITIAL REGISTERED AGENT AND	STREET	ADDRES	<u>S:</u>	
	) of th <b>e</b> reg	dstated age	nt is:	
<del></del>			<del></del>	
<del></del>		1=1		
he name and Florida street address (PO Box not acceptable	mì			
he name and Florida street address (PO Box not acceptable	mì_		_	
he name and Florida street address (PO Box not acceptable	ML			
he name and Florida street address (PO Box not acceptable			or is:	

 $\vec{\cdot}$ ;

## 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

Registered Agent

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.

Incomorator

0-19-201

8-19-2019