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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : 12000000019 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

Varb Mot Corp

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

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Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
VARB MOT CORP.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
16603 Sw 618+ way
- Miami Fl 23192
0000
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Saray Alvarez (P)
201
9 SEP
() P
To the Control of the
<u> </u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET A DDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Daray Alvarez
16663 Su 615+ Way
Miami fl 33193
ARTICLE VI INCORPORATOR: The name and address of the Interporator is:
Saray Alvarez
16603' Sw 618+ way
Miami F1 23193

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LAZARUS CORPORATE

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Saray Alvarez

LAZARUS CORPORATE

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Required Signatures:

Having been named as registered agent to accept service of process to: 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 4.817.155, F.S.

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incomporator