

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.

(((H190002895763)))



To:		- (1)
	Division of Corporations	
	Fax Number : (850)617-6381	
From:		
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	
•	Account Number : I2000000019	·
	Phone : (305)552-5973 Fax Number : (305)675-5944	1
····	EL ODIDA BROEFFAYON BROTHE CORRES	·····
	FLORIDA PROFIT/NON PROFIT CORPORATION	
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:
Athala Corb
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 1305E 34 Pl. Homestead. Fl. 33033
ARTICLE II SHARES: The number of shares of stock is:
Jelena Borrero Duran (f)
2019 SEP
1. N 1.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Yelfing Borrero Duran
130 SE 34 Pl Homestead Fl
<u> </u>
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Yelena Borrero Duran
TBU SE 34 Pl Homestand F1
<u>65U33</u>

Required Signatures:

corporation at the place designated in this certificate, I a appointment as registered agent and agree to	of process for the above stated m familiar with and accept the act in this capacity			
Registered Agent	9 27/2019 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 5.817.155, F.S.				
Infcorporator Transfer	9/27/2019 I ate			