

PA000092734

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.

((H19000360100 3)))



H190003601003ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

FILED
 2019 DEC 13 AM 9:53
 SECRETARY OF STATE
 TALLAHASSEE, FL

****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 ALJU CORP.

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

K PAGE

DEC 16 2019

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

EFFECTIVE: 1-1-2020**ARTICLE I NAME:** The name of the corporation is:ALJU Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11455 SW 40TH ST #276MIAMI FL 33165**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**JUSSEF VEGA RUIZ (P)SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC 13 AM 9:53

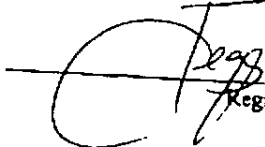
FILED**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

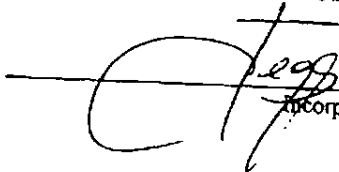
JUSSEF VEGA RUIZ11455 SW 40 ST #276MIAMI FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JUSSEF VEGA RUIZ11455 SW 40 ST #276MIAMI FL 33165

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

 _____ 12/13/2019
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.

 _____ 12/13/2019
Incorporator Date

FILED
2019 DEC 13 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FL