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To:

Division of Corporations

Fax Number

: (850)617-6381

: (305)675-5944

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 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:			<del></del>		
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## FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI PORT CAFE INC.

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)  Effective Date 1/1/2020 ARTICLE I NAME: The frame of the corporation is:	-4	
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:  1007 North America Way Suite  Miami, FL 33132	<u>.</u> 100	0
ARTICLE III SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE IS:  JOSE LAZARO GODINEZ BUENO-P		
SECRETARY OF SELECTION OF SELEC	7019 DEC 13 AM 9:	
ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:	53	
Jose Lazaro Godinez Bueno		
1007 North America way Suite 100	>	
Miami f1 33132		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:  JOSE LAZARO GODINEZ BUENO  1007 NORTH America Way Suite 10  MIAMI H 33137	٥	

## 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 c spacity

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 of provided for in s.817.155, F.S.

3052201440

Incorporator