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.

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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

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Email Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION ABE BROTHERS INC

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

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3052201440

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

ABE BROTHERS INC	
NOE BROTTERS INC	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
5838 COLLINS Ave Unit 10B	
Miami Beach Fl 33140	
ARTICLE III SHARES: The number of shares of stock is: 1000	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
MARIA A BREARD (P)	
S To	2020
	JAN
	:2
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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	<u>.</u>
The name and Florida street address (PO Box not acceptable) of the registered agent is:	02
MARIA BREARD	
5838 Collins Ave Unit 10B	
Miami Beach, Fl 33140	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
MARIA A BREARD	
5838 Collins Ave Unit 10B	
Miami Beach, Fl 33140	

Required Signatures:

3052201440

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 agentiand agree to act in this capacity

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.