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	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	ω,π, ω ,π,	
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Enter anı	the email address nual report maili	s for this business entity to be used for futungs. Enter only one email address please.	ıre	
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FLORIDA PROFIT/NON PROFIT CORPORATION M J M MANSORY INC.

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

The name of the corporat	ion shall be: MJM MA	M. KOBO V Jaco	
ARTICLE II PRINC	Principal street address Ave Var 101 Fr. 33018	-	heas, if different is:
HIRLEAH	FL 23018		
· ·		SAME	
ARTICLE III PURPO	NSE to corporation is organized is:		
	 		
· · · · · · · · · · · · · · · · · · ·			
· ·			
			
	<u> </u>		
			·
			,
			
Name and Title	LOFFICERS AND/OR DIRECTORS MIGUEL J MORALE	Name and Title:	
Address	6827 W. 36 AVE	Address:	
•	UNIT 101		
	HIALEAH FL 330	0/8	
Name and Title.	,		,
Manue and Trie:		Name and Title:	
Address		Address:	<u> </u>
•			
•			
Name and Title:	•	\$7	-
Address		Address:	
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- -		 	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name: MIGNEL J. Monocos	= -
Address: 6827 W 36Th AVE VINT 101	2020 ALLL
HIACENN FL 33019	020 FEB 26
ARTICLE VII INCORPORATOR	26 SSER
	기 (100 - 10
The name and address of the Incorporator is:	ဗ္ဗီ္ဟို ယူ
Name: Mayor J. Monoro	∂ . 5
Address: LF27 W 36TH AT CHITC 10)	,
Historia, Fr 33018	• .
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)
(If an effective date is listed, the date must be specific and cannot filing.)	be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the applicable s the document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered	the above stated corporation at the place designated in this dagent and agree to act in this capacity
NA/	
Required Signature/Registered Agent	0:424/2020 Date
I submit this document and affirm that the facts stated herein are to document to the Department of State constitutes a third degree felony	rue. I am aware that the false information submitted its a
May	
Required Signature/Incorporator	Date 0:1/24/2020