Division of Corporations Electronic Filing Cover Sheet

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.

(((H20000085022 3)))



H200000850223ABCT

To:	Doing Division of Correct Number	: (850)617-6381 : LAZARUS CORPORAT r : 120000000019 : (305)552-5973	er cover sheet.	TA.LAHASSCE,	SECRITARY OF S
##Entor	the email addre	es for this business	entity to be use	d for futur	е
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation	shall be: Family	Affair I	investments Inc	<u>-</u>
<u>ARTICLE II PRINCIP</u>	AL OFFICE incipal street 2ddress	. ,	Mailing address, if different is:	
8922 SW 2	12 119,000			
Cutter Bay 4				
ARTICLE III PURPOS, The purpose for which the	E corporation is organized is:			
Any AND	All lawful b	usine33		
, ,			2020 St.	
	· · · · · · · · · · · · · · · · · · ·			
			CREE AR	
				
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·			<u></u> 25	
			ان الاستار ك	
ARTICLE IV SHARES The number of shares of sto	ck is: 100			
	OFFICERS AND/OR DIRECT			
Name and Title:_	MATTANES Vazil	Pres Name and Titl	E George Vazji, Di 8922 SW 212 Ter	rector
	8922 SW 212 4	· cmco	900 7 SU 210 To	
Address	0120 500 F(2 1	Address:		
Q	JutlerBay, FL 3:	3184	Cutter Bay, FL 33	1189
~				
Name and Title:	Lina Vazii Vice	Pres- Name and Titl	. .	
	7922 SW212 Ter		<u> </u>	
			·	
C.	utter Bay Fi 3	3189		
	·			
				_
Name and Title:		Name and Titl	e:	
Address	·	Address:		•
				
			•	

03/16/2020	12:51	3052201440	LAZARUS CORPORATE	PAGE 03
	Name a	nd Title:s	Name and Title:Address:	

Addres	<u> </u>	_ Address:	
ARTICLE VI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	MATanes Vazii	Q	
Address:	8922 SW 2/2 Terrace	e	
	Cutter BAy F 33189		2020 H Slor Alla
ARTICLE VII	INCORPORATOR		MAR II RETAR AHASS
The name and ac	Idress of the Incorporator is:		
Name:	- Matanes Vazii	•	FISH P
Address:	8922 SW 2/12 Terrace		35 Si C
	Cutter BAy, FL 33189	i	÷ ' ' ' ' ' ' '
Effective date if a	EFFECTIVE DATE: other than the date of filing: tte is listed, the date must be specific and cannot l	(OPTIONAL) be more than five days pri	or or 90 days after the
Note: If the date the document's eff	inserted in this block does not meet the applicable streetive date on the Department of State's records.	atutory filing requirements,	this date will not be listed as
Having been name certificate, I am fa	ed as registered agent to accept service of process for t miliar with and accept the appointment as registered	the above stated corporation agent and agree to act in thi	of the place designated in this is expacity
1 805	Required Signature/Registered Agent		03/13/2020
		'	Date
I subnit this docu- document to the De	ment and affirm that the facts stated herein are tru partment of State constitutes a third degree felony as	e. I am aware that the fals provided for in s.817.155, 1	e information submitted in a F.S.
Required Signature	The same of the sa		03/13/2020
danen siftigitat	Ancorporator	Date	1-01-020