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Division of Corporations

Fax Number : (850)617-6381

Enom

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973

Fax Number : (305)675-5944

\*\*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 d055 INC.

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

	ARTICL	EJI PRIN	CIPAL OFFICE	<u> </u>	
	The principal s	street address	and mailing add	ress is:	
1601 SW 83 A	/E MIAMLFL 331		J		
· · ·					
ARTICLE III	SHARES: T	ne number of	shares of stock is	: 1,000	
A D TT	CIEDY BY	WAY DANS	<b></b>		7 (P
	CLE IV INI		TORS AND/O	<u>R OFFICERS:</u>	
ORG <u>E CARLOS</u>	DAVILA JR (PRE	SIDENT)			
			<del> </del>		
· · · · · · · · · · · · · · · · · · ·		·			
<del></del> -					
<del></del>	· · · · · · · · · · · · · · · · · · ·				
A DOTICE E.S.	TRIWEITAY YAN		4.63		
	INITIAL RI				
	Florida street add	ress (PU nox	not acceptable) c	or the registered	agent
ORGE CARLOS	DAVILA JR			<del>_</del>	
601 SW 83 AVE	VIAMI FL 33155				
	_				
	_				
ARTICLE VI	INCORPOR	ATOR: The	name and addres	s of the Incorpo	orator :
RGE CARLOS E	AVILA JR				
			<del></del>		

## 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



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.

