Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations Fax Number : (850)617-6381		CURLIARY	20 APR 30	7
From:	Account Name : LAZARUS CORPORATE FILING SERVICE Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	, INC.	CE SIAIL	AM 11: 06	İT

Enter the email address for this business entity to be used for future

Email Address:\_\_\_\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION ISMILESUPPLY INC

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

Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ARTICL	BII PRINCIPAL	OFFICE:	
	The principal s	street address and mi	illing address is:	
8353 NW 78 A	Ave			
Doral Florida 3:	3166	<u>.</u>		
<del></del>	·			
ARTICLE III	SHARES: T	he number of shares	of stock is:	
ART	ICLE IV IN	ITIAL DIRECTOR	S AND/OR OFFIC	HRS: Day 2
onia <u>Olivares P</u>	resident			ALL A
				HAT A
	,			
		:		
	······································		·····	<del></del>
·				<del></del>
ARTICLE	V <u>INITIAL</u> I	REGISTERED AG	ENT AND STREE	TADDRESS:
The name an	d Florida street at	ddress (PO Box not a	cceptable) of the re	gistered agent is
onia <u>Olivares</u>	_			
8353	NW 78	Ave:		
Dora	1 Florida	33166	<u> </u>	
	VI INCORP	ORATOR: The nam	e and address of th	ne Incorporator i
ARTICLE	·	•		
SOY		res :		

## 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

Registered Agent

4/29/20 Date

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.

Incomorator

Date

2828 APR 30 AM II: 06