Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Connil	Address:	
	AUDITES :	

FLORIDA PROFIT/NON PROFIT CORPORATION SABOR A MI CORP

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

COIFF O UAY 1 0 2017

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	10227 NW 9 ST CIR APT 101
	MIAMI FL 33172
ARTI	CLE III SHARES: The number of shares of stock is: 100
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
	MARIA ELENA SIMON DELGADO (P)
	
ARI	ICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
Thena	ame and Florida street address (PO Box not acceptable) of the registered agent is:
	MARIA ELENA SIMON DELGADO
	10227 NW 9 ST CIR APT 101 MIAMI FL 33172
	CLE VI INCORPORATOR: The name and address of the Incorporator is:
ARTI	The name and address of the monporator is;
ARTI	MARIA ELENA SIMON DELGADO

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.

Incorporator

05-12-2020

Date