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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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****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
MELI'S MEAL PLANS CORP

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Meli'S Meal Plans Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

500 SW 101 Ter #103Pembroke Pines, FL 33025**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Melissa Caridad Marti - President

20 MAY 23 PM 3:02

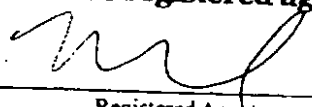
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MELISSA MARTI500 SW 101 Ter #103Pembroke Pines, FL 33025**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Melissa Marti500 SW 101 Ter #103Pembroke Pines, FL 33025

Required Signatures:

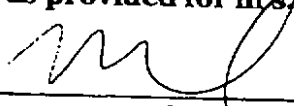
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent5/28/2020

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 §817.155, F.S.



Incorporator5/28/2020

Date

20 MAY 20 PM 3:03

FILED