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.

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Doing so will generate another cover sheet.

To:	Division of Corporations	~ .
		25
	Fax Number : (850)617-6381	L1 Ω . Ω .
From:		· · · ·
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	• 1
	Account Number : I20000000019	٠١٠
	Phone : (305)552-5973	. تر
	Fax Number : (305)675-5944	
Fnter	the email address for this business entity to be used for f	

FLORIDA PROFIT/NON PROFIT CORPORATION AEON HOMES, CORP.

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

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
<u> </u>	PRINCIPAL ADDRESS: 14 NE 1ST AVE STE 1110 MIAMI FL 33132
	MAILING ADDRESS: 3232 CORAL WAY APT 609 MIAMI FL 33145
ARTIC	LE III SHARES: The number of shares of stock is: 100
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
<u> </u>	CAR VICTOR RESTREPO- PRESIDENT
<u>JAVI</u>	ER FERNANDEZ EXPOSITO- VICE PRESIDENT
	CLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: ne and Florida street address (PO Box not acceptable) of the registered agent is
	CAR VICTOR RESTREPO- 3232 CORAL WAY UNIT 609 MIAMI FL 331
ARTIC	CLE VI INCORPORATOR: The name and address of the Incorporator is:

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

registored Agent

06/08/2020

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 s.817.155, F.S.

ncorporato

06/08/2020

Date

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