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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.\*\*

Email	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION ALEJANDRO NIUBO SANCHEZ 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 I NAME: The name of the corporation is:
Aleganoro Niubo Sanchez INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
MPAM FL 35184
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Ale Panorso Noubo Sanchez (P)
20
77 (T)
<u> </u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
ABPANDED NIUDO SANCHEZ
1500 SW 127 ct
M94m9 FL 33184
ť
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
ALEJANDRO NIUBO SAMCHEZ. 1500 SW 127 CT
1000 SW 121 CI
MIAM! FL 3318X

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 I 'ate

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.

