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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MONICA OBREGON PA

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

Help

2020 SEP -1 PM 4:31

2020 SEP -1 PM 1:21

STATE
FILING SERVICE, INC.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Monica Obregon PA**ARTICLE II PRINCIPAL OFFICE**Principal street address574 E 50th StreetHialeah FL 33013

Mailing address, if different is:

574 E 50th StreetHialeah FL 33013**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Professional real estate agent Sales and Services**ARTICLE IV SHARES**The number of shares of stock is: 500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Monica Obregon, PresidentAddress: 574 E 50th StreetHialeah FL 33013

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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STATE

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Monica Obregon
Address: 574 E 50th Street
Hialeah FL 33013

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Monica Obregon
Address: 574 E 50th Street
Hialeah FL 33013

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

[Signature] Required Signature/Registered Agent 9/31/2020 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.

[Signature] Required Signature/Incorporator 9/31/2020 Date