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

: (305)552-5973

Phone 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. **

FLORIDA PROFIT/NON PROFIT CORPORATION ADULT A.L.F. INC

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)	A G H 0 Z 0 Z
ARTICLE I NAME: The name of the corporation is:	1 5
The fiame of the corporation is:	PH
Flour A.L.F. Inc	
ARTICLE II PRINCIPAL OFFICE:	4 41:4
The principal street address and mailing address is: 885 W 31 S+ Higlegh, FL, 33011	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE S:	^_
- Nancy Ascanio-Cabre	P.
Stephanie Garcia Pita Cup	
<u> </u>	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ALDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Nancy Ascanio-Cabre	
_ 885 W 32 St	
Hialeah F1 33012	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: NONCY ASCANIO- COOLE 885 W 32 St	
Hialeah F1 33012	

11-5-1a
Date

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent 11-5 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.