

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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| To:        |   |                              |                            |  |                    |
|            | Division of Co                                  | rporations                   |                            |  |                    |
|            | Fax Number                                      | : (850)617-6                 | 5381                       |  |                    |
| From:      |   |                              |                            |  |                    |
|            | Account Name                                    | : LAZARUS CO                 | ORPORATE FI                | LING SERVICE, I  | ΨI,                |
|            | Account Number Phone                            |                              |                            |  |                    |
|            | Fax Number                                      | : (305)552-5<br>: (305)675-6 | 59/3<br>50//               |  | ٠٠.                |
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| anr<br>Ema | nual report mail: nil Address:                  | OFIT/NON                     | PROFIT (                   | corporation  | se.**              |
| anr<br>Ema | nual report mail: nil Address: FLORIDA PRO      | OFIT/NON   ANTZA'S S         | PROFIT (                   | il address plea CORPORATIO   | se.**<br>DN        |
| anr<br>Ema | FLORIDA PRO                                     | OFIT/NON   ANTZA'S S         | PROFIT (                   | il address plea CORPORATIO   | se.**              |

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

| ARANTZA'S SUPPLIES INCL   |
|---|
| ARTICLE II PRINCIPAL OFFICE:  |
| The principal street address and mailing address is:                                    |
| 7751 NW 107TH AVE APT 401   |
| MIAMI FL 33178  |
|   |
| .00   |
| ARTICLE III SHARES: The number of shares of stock is:                                   |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICEF; 5:   |
| DULCE CAROLINA CALDERON RONDON (P)  |
| GUDER THULAN CUT TOOLON (1)   |
| GILDER J MILLAN GUTIERREZ (UP)  |
|   |
|   |
| Zn2.1   |
| 22<br>24<br>25<br>27  |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS:                                 |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| DULCE CAROLINA CAIDERON RONDON  |
| 7751 NW 107 AUG APT401 5  |
| MIAMI FL 33178  |
|   |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:                   |
| DULCE CAROLINA CALDERON RONDON  |
| 7751 NW 107 AUE APT 401   |
| MIAMI FL 331.78   |

## Required Signatures:

3052201440

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

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. 817,455, F.S.