

Florida Department of State
Division of Corporations
Electronic Filing Center Sheet

P21000007828

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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
A.I.P MARKETING 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:

A.I.P Marketing INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7124 SW 139th Pl

Miami Fl 33183

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Ariana Isabel Palacios - P

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Ariana Isabel Palacios

7124 SW 139th Pl

Miami Fl 33183

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

7124 SW 139th Pl

Miami Fl 33183

Ariana Isabel Palacios

2021 FEB -2 PM 1:05

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

_____
Registered Agent

02/02/2021

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.

_____
Incorporator

02/02/2021

Date

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