Pa Elorida Department of State In ista of Corporations Electron Fig. Cover the 1

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 Cor | porations |
| | Fax Number | : (850)617-6381 |
| From: | | THE STATE OF THE SERVICE THE |
| | Account Name | : LAZARUS CORPORATE FILING SERVICE, INC. |
| | Account Number | : I20000000019 |
| | Phone | : (305)552-5973 |
| | Fax Number | : (305)675-5944 |
| **Enter an | the email addres | s for this business entity to be used for future ings. Enter only one email address please.** |

FLORIDA PROFIT/NON PROFIT CORPORATION MAY ON SET CORP

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| ARTICLE I NAME: The name of the corporation is: |
|---|
| May on set · CORD. |
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: |
| 14494 Su 27 st, 33175 . |
| Miami, FL. |
| |
| |
| ARTICLE III SHARES: The number of shares of stock is: 100 |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: |
| |
| Mayle Alarcón Pedraza (P) |
| |
| |
| |
| |
| |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ALIDRESS: |
| The name and Florida street address (PO Box not acceptable) of the registered agent is Ma/le' Hareon Pechaza 14494 Sur BAST 33175 Miami, FL: |
| Mayle Hlareon Pechaza |
| 14494 sue 075+ 33175 |
| Miami, FL: |
| |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator |
| |
| Mayle Alapson Pedraza |
| 111100 511 17 St 33175, Niami: |

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

September 12/03/205/

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.

Date

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