## Division of Corporations **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 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.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION **OBEL CORP**

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

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Help

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

ARTICLE I NAME: The name of the corporation is:
Obel Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
11718 SW 107 TERRACE MIAMI FL 33186
Miami FL 33186
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Obe CORCHO MEJGAREJO PRESIDENT
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Ohel Carcho Melgarejo
11718 S.W. 107 Terr
MIQMI FL 33186
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Obel Corcho Melgareju
11718 S.W. 101 1814.
Migmi FL 33186

## Required Signatures:

Having been named as registered agent to accept service of corporation at the place designated in this certificate, I are appointment as registered agent and agree to a large to large to a large to	of process for the above stated n familiar with and accept the act in this capacity
Registered Agent	Date
I submit this document and affirm that the facts stated here the false information submitted in a document to the Departhird degree felony as provided for in s.817.155, F.S.	ein are true. I am aware that rtment of State constitutes a
Incorporator	Date