Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022

Phone

: (305)420-5722

: (305)643-5225

Fax Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address: MARIANGMARINC

FLORIDA PROFIT/NON PROFIT CORPORATION LUMARTI TRADING CORP

Certificate of Status	1
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

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

TICLE II PRI	NCIPAL OFFICE		
Principal st	reet address 655	1	Mailing address, if different is:
SW 111 V	/AY SUITE 207	<u> </u>	
PEMBROKI	E PINES L 33025		
			
TICLE III PUR e purpose for whic	POSE h the corporation is organized is: ANY	AND ALL LAWFUL	BUSINESS
			···
	· · · · · · · · · · · · · · · · · · ·		
e number of shares o	of stock is: 1,000		
RTICLE V INIT	IAL OFFICERS AND/OR DIRECTORS	:	
RTICLE V INIT	IAL OFFICERS AND/OR DIRECTORS le: Mariana A Marin Castrillon - Pres	ident Name and Title:	
TICLE V INIT	IAL OFFICERS AND/OR DIRECTORS	ident Name and Title:	
PTICLE V INIT	IAL OFFICERS AND/OR DIRECTORS le: Mariana A Marin Castrillon - Pres	ident Name and Title:	
Name and Ti	tle: Mariana A Marin Castrillon - Presi 655 SW 111 WAY Suite 207 PEMBROKE PINES FL 33025	ident Name and Title: Address:	
Name and Ti	IAL OFFICERS AND/OR DIRECTORS de: Mariana A Marin Castrillon - Presi 655 SW 111 WAY Suite 207	ident Name and Title: Address:	
Name and Tit Address	tle: Mariana A Marin Castrillon - Presi 655 SW 111 WAY Suite 207 PEMBROKE PINES FL 33025		
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Name a	and Title:	Name and Title:
Addres	55	Address:
APTICI E VI	DECISTED ACENT	
	<u>REGISTERED AGENT</u> Torida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Mariana A Marin Castrillon	_
Address:	655 SW 111 WAY Suite 207	
	PEMBROKE PINES FL 33025	<u>.</u> -
	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	Mariana A Marin Castrillon	
Address:	PEMBROKE PINES FL 33025	
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and cannot	(OPTIONAL) t be more than five days prior or 90 days after the
Note: If the date	inserted in this block does not meet the applicable of state on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been nam certificate, I am fi	sed as registered agent to accept service of process for amillar with and accept the appointment as registere	r the above stated corporation at the place designated in this d agent and agree to act in this capacity
+ (de	Rejuired Signature/Registered Agent	Wy 20/2021
		rue. I am aware that the false information submitted in a
document to the D	Department of State constitutes a third degree felony	as provided for in s.817.155, F.S. 104 20 2021
Required Signatur	elincorporator	Date