## **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

: (305)552-5973 Phone

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email A	Address:			
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## FLORIDA PROFIT/NON PROFIT CORPORATION **MARIA'S DREAMS CORP**

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

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

ARTICLE I NAME: The name of the corporation is:
Horia's Drams CORP
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is.  1405450260 ST 97 10-3  HIGMI FL 33032
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Haria del Carmon Domas Bor Rges
30 58
ADTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:  Navia del Carmen Domas Borges
14054 Su) 260 St Apt 103
1,101 32 033
Miami Fl 55 as
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Maria del Carmen Domas borges
14054 SW 260 St Apt 103
Miami F1 33032

## 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

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

2021 7.16 30 NH 8: C