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 : 120000000019 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.

	Address:			
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FLORIDA PROFIT/NON PROFIT CORPORATION LILIANA MM CORP

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

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:	21 NO
liliana MM corp	6- AON 1
ARTICLE II PRINCIPAL OFFICE:	H.W. 6
The principal street address and mailing address is: 11882 Sew 196 cf Mami FL 33177	<u>ક</u> 35
ARTICLE III SHARES: The number of shares of stock is:	 .
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
	-
	-
ARTICLE V INITIAL REGISTERED AGENT AND STREET AND DRESS The name and Florida street address (PO Box not acceptable) of the registered agent	is:
Liliana Moredo Olivera 11882 Sw 196 Ct miami ff 33	-
ARTICLE VI INCORPORATOR: The name and address of the Incorporator	- r is:
Liliana Moreto Olivera 11882 SW 196 Of Miami F1 3317	

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 11-9-2

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 Date