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Florida Department of State
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.
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TALLAHASSEE, FL

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**FLORIDA PROFIT/NON PROFIT CORPORATION
LAZOVYP PROMOTIONS CORP.**

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

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SECRETARY OF STAT
TALLAHASSEE, FL

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

LAZOVYP PROMOTIONS CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

55 NE 5TH ST 33132 MIAMI FL
APT # 4027

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

LAZAR VASILJEVIC

(P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

LAZAR VASILJEVIC

55 NE 5TH ST 33132 MIAMI FL

APT 4027

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

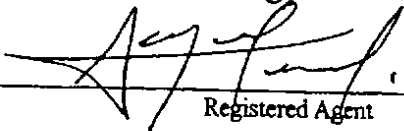
LAZAR VASILJEVIC

55 NE 5TH ST. APT 4027

MIAMI FL 33132

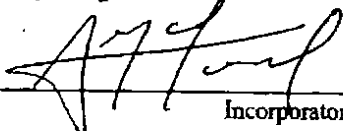
Required Signatures:

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 _____ Date _____

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 _____

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TALLAHASSEE, FL