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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

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FLORIDA PROFIT/NON PROFIT CORPORATION **DULOP CORP.**

Certificate of Status	0
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Help



ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	APTICLE II PRINCIPAL DEVICE.
•	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	642/ 5W 55 ST Ni'Ami FL 33155
	14 AM FC 22125
	······································
<u>ICL</u> J	E III SHARES: The number of shares of stock is:
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
NI.	an autonio Dulzaides Duran (aryloly LOREZ Ruiz (U.P)
140	iry way corez rolz (m)
	· · · · · · · · · · · · · · · · · · ·
DOWN C	TLE V INTITIAL REGISTERED AGENT AND STREET ADD
	e and Florida street address (PO Box not acceptable) of the registered
	0421 SW 55 ST
<u> </u>	lianei FL 33185.
	ManyLoly Lopez Ruiz
	Marylory copez rore
RTIC	LE VI INCORPORATOR: The name and address of the Incorp
RTIC N	IEVI INCORPORATOR: The name and address of the Incorporation
XIIC	•

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 OB 02/2022.

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

08 | 02 | 20 22 | Date

11:40