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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\552-5073

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.

Email Address:_____

FLORIDA PROFIT/NON PROFIT CORPORATION VOLANTE DIRECTO, INC

Certificate of Status (
Certified Copy	1
Page Count	03
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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	VOLANTE DIRECTO, INC
	VULANTE DIRECTO, THE
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	7749 SW 88th ST D230
	MIAMI FL 33156
TICL	EIII SHARES: The number of shares of stock is: //OO
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
	THMED YAMIL MARTEL P
	ARHEN AROCHA YP
<u></u>	
ARTIC	LEV INITIAL REGISTERED AGENT AND STREET ADDRESS
e nam	e and Florida street address (PO Box not acceptable) of the registered agent
7	749 SW 88th ST D230
\wedge	1/AMI FL 33/56
1	HMED MARTEL
RTIC	
	4.1 11
7	149 SW 88th ST D230

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.

corporator

. . .

Date