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LAZARUS CORPORATE

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To: Division of Corporations Fax Number : (850)617-6381 From: ACCOUNT Name : LAZABUE CONDONATE

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."*

Email Address:_____

FLORIDA PROFIT/NON PROFIT CORPORATION CHAPINA GROCERY STORE INC

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

CHAPINA GROCERY STORE INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

714 6 STREET

MIAMI BEACH, FL 33139

ARTICLE III SHARES: The number of shares of stock is: _____100______

ARTICLE IV _____ INITIAL DIRECTORS AND/OR OFFICERS:

MIRNA H. PEREZ - PRESIDENT 80	%
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VICTORINO GARCIA TREJO / VICE-PRESIDENT 20.%

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: 23 The name and Florida street address (PO Box not acceptable) of the registered agent is: -7-: -- 2 MIRNA H. PEREZ J ÷ 10500 SW 44TH TER ĩ MIAMI. FL 33165_____ $\dot{\omega}$ **ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is: MIRNA H. PEREZ ____ 10500 SW 44TH TER MIAMI, FL 33165

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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

Begistered Agent 3/9/-23

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 felopy as provided for in s.817.155, F.S.

Incorporator 3