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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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_



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Electronic Filing Menu Corporate Filing Menu

2

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation in M&B MIAMI SERVICES COR	is: `D		
ARTICLE II PRINCIPAL OFFICE:			
The principal street address and mailing address is:			
<u>9931 w Flagler ST APT 109</u>			
Miami FL 33174			
	••		
· · · · · · · · · · · · · · · · · · ·			
ARTICLE III SHARES: The number of shares of stock is:	106		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFI	CERS:		
Orana Cabrera Reyes (P)	<u></u>	202	
		2023 MAY	
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ARTICLE V INITIAL REGISTERED AGENT AND STREE	T.A.DDRESS:		
The name and Florida street address (PO Box not acceptable) of the re-	gistered agent i	s:	
Oxara Cabiera Keyes			
9931 W Flagler ST APT 109			
miami FL 33174			
ARTICLE VI INCORPORATOR: The name and address of the	Incorporator is	s:	
Oxana Cabrera Reyes		-	
9931 W Flagler ST APT 109			

miami FL 33174

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LAZARUS CORPORATE

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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

	e and and capacity
Rada	
University	
Registered Agent	
5	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

