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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:___

FLORIDA PROFIT/NON PROFIT CORPORATION LITTLE STARS N&N INC

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME:	The name of the	he corporation is:
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ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
17220 DW 32 AVE Mioni Garlens		
F1 33016		
ARTICLE III SHARES: The number of shares of stock is:	0	·
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICEI	RS:	
Yailena Sosa Pena (P)	<u></u>	2023
	<u>22</u>	- 40%
	55.	8
	• •	
		
		20
The name and Florida street address (PO Box not acceptable) of the regist		
17220 NW 32 AVE	050	ያ
MIAMI GARDENS FL 324 ARTICLE VI INCORPORATOR: The name and address of the Inc	05C	<u>Q</u> or is:
MIAMI GARDENS FL 32	05C	<u>Q</u> or is:

EIN: 93-428/882

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

yed.	
Registered Agent	Cate

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.

yes .	
Incorporator	C ate