Division of Corporations Electronic Filing Cover Sheet

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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 CHIC AVENUE CORP



Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:	
CHIE AVENUE POTED	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
316 PONTE VENTA ED	
BILL SPRINGS F/ 33961	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE S:	
YAMELET CONZALEZ (P)	2024 _{J∪.}
PAIN SPRINS FI 33461	9: 05 -
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	:
The name and Florida street address (PO Box not acceptable) of the registered agent	is:
PALMSBRINS FI 93461	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator	is:
- YAMILET CONZOLEZ 316 PONTE VEDEN DD	-
PAIN Sprins F1 33461	-

EIN. 99-3433570

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.

Incorporator Date

2924 July 11 Fix 9- Up