Florida Department of State Division of Corporations

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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 FRUSHI MIAMI INC

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

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ARTICLES OF INCORPORATION

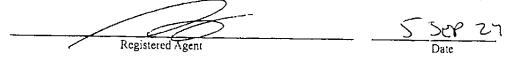
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	The hame of the corporation is.
FRUSHI MIAMI	INC
	PRINCIPAL OFFICE:
The principal street ad	ddress and mailing address is:
P: 9357 SW 56+	ST, OLYMPIA, HEIGHT, FC, 3316
	ST. CORAL GARLES, FL. 33156
RTICLE III SHARES: The numb	per of shares of stock is:
	DIRECTORS AND/OR OFFICERS:
HESANDRO VILLANUEL	VA (P)
ARTICLE V INITIAL REGISTE	ERED AGENT AND STREET ADDRESS:
	D Box not acceptable) of the registered agent is:
ALEJANONO VILLANUEN	4
11001 MONFERD ST, CO	DAG GABLES, FL , 331510
	SE SE
	ARE:
ARTICLE VI INCORPORATOR:	The name and address of the Incorporator is:
•	, in the second
ALEBANONO VILLANUEVA	<u> </u>
11001 MONEORD ST, CONAL	DABLES, FL 33156 95
	ID 31

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



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

2024 SEP -6 PK 9: 01