## Florida Department of State

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 : I2000000019 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 CELESTIAL EVENT PLANNING EXPERT CORP

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

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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I** NAME: The name of the corporation is:

ARTICLE III SHARES: The number of shares of stock is:  ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
HICLE III SHARES: The number of shares of stock is: 100
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ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
_
Daisy Coranjas (P) 75%
Juliana Veronica Castro (VP)
25%
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Daisy Grandas
6464 W 11 Ln
Hialean Fl 33012
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
6464 W. 11 Ln
Hielean Fl 33012

EIN: 99-5072334

## 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

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

2024 SEP 24 AMII: 36