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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."\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION PRJA CAPITAL GROUP CORP

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

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Corporate Filing Menu

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

	ARTICLE 1 NAME: The name of the corporation is:
	Those capital croop corp
	ARTICLE II PRINCIPAL OFFICE:
,	The principal street address and mailing address is:  2500 WW 79 Th. AV.C STE 230  Dova F 33 122
	<u> </u>
	ARTICLE III SHARES: The number of shares of stock is: 100.
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE RS:
	Dose Antonio Padriaires Percira
	PRESIDENT
! •	. 4.4
	ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
	The name and Florida street address (PO Box not acceptable) of the registered agent is:
	Dose Anlania Machiquez Perella
	2500 NW 79 IN AVE S & 230
	Dova 1 + 33122
i; i	ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
	Dose Anlown Machiguez Pererva
	2500 N W 77th Ave STE 230
	1) Ny 1 + 1 33 122

EIN: 33-1599600

## 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.