

Florida Department of State

Division of Corporations

Section 1115 Cover Sheet

No. Please print page and use as cover sheet. Type the following number shown below on the top and bottom of all pages of the document.

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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

CORBETT ARRONDO CORP

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Corbett Arrondo corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8320 NW 33 AVE MIAMI FL 33147

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Carlos Corbett Arrondo VP

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

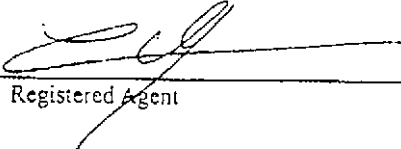
Carlos Corbett Arrondo
8320 NW 33 ave miami FL 33147

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Carlos Corbett Arrondo
8320 NW 33 ave miami FL 33147

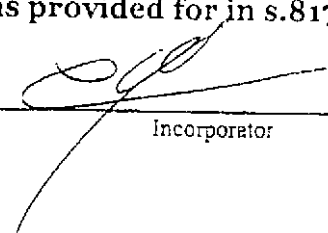
Required Signatures:

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

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