Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

.(((H24000414425 3)))



H240004144253ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser frem this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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 ISME WHOLESALE INC

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

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 H PRINCIPAL OFFICE:
	The principal street address and mailing address is:
_ ISMEIS	SY ZAMORA LEDON
1250 SI	W 27TH AVE SUITE # 101
_ MIAMI F	FL 33135
ARTICLE III	SHARES: The number of shares of stock is: 100
ARTICL	E IV INITIAL DIRECTORS AND/OR OFFICERS;
	MORA LEDON (P)
<del></del>	
	INITIAL REGISTERED AGENT AND STREET ADDRESS:
	ida street address (PO Box not acceptable) of the registered agent is:
he name and Flor	ida street address (PO Box not acceptable) of the registered agent is:
he name and Flor ISMEISY ZAI	ida street address (PO Box not acceptable) of the registered agent is:  MORA LEDON  TH AVE SUITE # 101
he name and Flor ISMEISY ZAI 1250 SW 27 MIAMI FL 33	ida street address (PO Box not acceptable) of the registered agent is:  MORA LEDON  TH AVE SUITE # 101  3135  INCORPORATOR: The name and address of the Incorporator is:
The name and Flor  ISMEISY ZAI  1250 SW 27  MIAMI FL 33  RTICLE VI  ISMEISY ZAM	ida street address (PO Box not acceptable) of the registered agent is:  MORA LEDON  TH AVE SUITE # 101  3135  INCORPORATOR: The name and address of the Incorporator is:

## 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.

Ancorporator Date