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.

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

| Ťo: | | |
|------|---|-------------------|
| 10. | Division of Corporations | |
| | Fax Number : (850)617-6381 | |
| Fron | n: | |
| | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. | |
| | Account Number : I20000000019 | S ~ |
| | Phone : (305)552-5973 | 2025 SEC TA |
| | Fax Number : (305)675-5944 | |
| | | صے نہا ۔۔۔ |
| | | |

**Enter the email address for this business entity to be used for future to annual report mailings. Enter only one email address please. ** 575

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION OBREGON FRANCHISE GROUP 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: |
|---------|---|
| | OBREGON FRANCHISE GROUP CO |
| | ARTICLE II PRINCIPAL OFFICE: |
| | The principal street address and mailing address is: |
| | 1740 SW 57 AVE. |
| | HIAMI, FC 33155 |
| | |
| | |
| 3K119 | TLE III SHARES: The number of shares of stock is: |
| | ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: |
| | ANA LILIAN DBREGON (P) |
| | |
| | |
| ~ | |
| | |
| | |
| | |
| | |
| ΔÐ | CICLE V INITIAL REGISTERED AGENT AND STREET A DDRESS: |
| | ame and Florida street address (PO Box not acceptable) of the registered agent is |
| 1110 11 | ANA LILIAU OBREGOU |
| | 7) |
| | 1740 SW 57 HVE |
| | HIAHI, FL 33155 |
| | , , , |
| | |
| ART | ICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| ART | ICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| ART | |

EIN: 33-453/2/3

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 trun. 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 \$,817.155, F.S.

Incorporator

Registered Ageift