## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ĺ	PORATION STATEMENT				FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			0	FILED I HAY 11 PM		1.21				
DOCU 1. Corporate	ion Name		ARY	•	56286 Inc				2		ARMOFIS SSEE, FL				
2. Principal Office Address					3. Mailing Office Address							!			
246 SW 102 PL.					246 SW 102 PL.				DETAIL	CT/	ATEM	CAPT	76		1
Suite, Apt. #, etc.					Suite, Apt. #, etc.				4. Date incorp	E141	717	-	1		
City & State					City & State				To Do Busii			1 -	•	<u>SP</u>	4
Miami, Florida				Minni, Florida				5. FEI Number		49804	!	- <del></del>	ied For	4	
Zip Country			Zip Country				6.			10.25		Applicable	4		
331	74	โ	DAde	2	331	74	D	ade.	CERTIFICATE	OF STATU	S DESIRED 🔀	\$8.75 Addit for a Cent	ional F ificate	ee required of Status	a
			•	•	7.	Name and A	ddress of C	urrent Register	red Agent	•				- :	_
	Name  ARMAN do Lopez  Street Address (P.O. Box Number is Not Acceptable)								١	Ad	tm - 11	88.7 88.7	20 25 75	-AR	C Sia 1
	Suite, Apt. #, Etc.											8:	15.	Cer	f
	City		n iar	n į						State	Zip Code ろろ	1			
<b>8.</b> I, being a	appointed the	e registere	ed agent of	the abo	ve named corp	oration, am f	amiliar with a	and accept the o	bligations of section	n 607.05		· ·			6,00
Signature of Registered A		my		RE	GISTERED AC	SENT MUST	SIGN	Armand	o Lopez	. Date	4/	30/20	100		CR2E081 (9/00
9. Names	and Street A	ddresses	of Each Of	ficer and	t/or Director (Fi	orida nonpro	ifit corporatio	ns must list at le	east 3 directors)						]
Titles	Titles Name of Officers and/or Directors						Street Address of Each Officer and/or Director				City	/ State / Zip			
					246 SW 102				PL			1			
PSTD	Armando Lop				ez Minni, Fl.			, FC 3	33174 Miami			, EC 33174			1
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						<del>                                     </del>					-r16.00	,			1
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this rein owed by	nstatement ap y the corpora	pplication, ition have	, the reason been paid	for diss and the	olution has bee names of indivi	en eliminated duals listed o	the corpora on this form of e legal effect	te name satisfie: do not qualify for t as if made unde tando Lo	pez	of section	607.0401 or 6	17.0401, F.S S. The inform	., that a	all fees	
SIGNAT	TURE: _	84	mina	to	1/2		· (	Presider	i,	4 30	2001	888	-	30	
i		CHATHE	E AND TVOC	00.00	MYCD MANE OF	CICHINO	EICED AD AN	CCTOR	· · · · · · · · · · · · · · · · · · ·	D-1		0-4-0			