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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 SHE'S NOT BLIND, INC

Certificate of Status	0
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Estimated Charge	\$78.75

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 507 (Profit)

ARTICLE | NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
961 s <u>wan⋅ave</u>	
Miami s <u>orings.</u>	
ARTICLE III	SHARES: The number of shares of stock is: 100
ARTI	CLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Elvis Chorens (p)
····	,
· · · · · · · · · · · · · · · · · · ·	
ARTICLE V	INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Fl	orida street address (PO Box not acceptable) of the registered agent is
Elvis chorens	
661 swan ave	
Miami <u>springs, FL.3</u>	33166
<u>ARTICLE VI</u>	INCORPORATOR: The name and address of the Incorporator is:
vis c <u>horens</u>	
i swan ave	
ımi şprings, fl.3316	

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 Agein 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 \$.817.155, F.S.

07-15-2024