

P25000005996

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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FLORIDA PROFIT/NON PROFIT CORPORATION
LB CENTER CORP

Certificate of Status	0
Certified Copy	1
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Help

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:LB CENTER CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8205 Belvedere RD APT 204
West Palm Beach FL 33411**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Arbel Mosqueda Ramirez (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

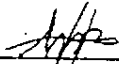
Arbel Mosqueda Ramirez
8205 Belvedere RD APT 204
West Palm Beach FL 33411**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Arbel Mosqueda Ramirez
8205 Belvedere RD APT 204
West Palm Beach FL 33411

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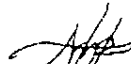
E.W. 33-313 6009

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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