

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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
S.T. EQUIPMENT CORP.**

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

W17-712414

8-30-17

Electronic Filing Menu

Corporate Filing Menu

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AUG 30 2017

K. Brumbley

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17 AUG 29 PM 4:57
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:S.T. EQUIPMENT CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2950 NE 188 ST. APT 240
AVENTURA FLORIDA 33180**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**OSCAR L. TORRES JR. (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

2950 NE 188 ST APT 240
AVENTURA FLORIDA 33180
OSCAR L. TORRES JR.**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:OSCAR L. TORRES JR.
2950 NE 188 ST. APT 240
AVENTURA FLA. 33180

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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

8/29/17

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

8/29/17

Date

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