Electronic Filing Cover Sheet

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H220002080843ABC-

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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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 EZEQUIEL LANDIN P.A.

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

Electronic Filing Menu

Corporate Filing Menu

Help

| ARTICL | ES OF INCORPORATION (Profit) apter 607 and/or Chapter 621, F.S. (Profit) | |
|--|--|-------------------------|
| ARTICLE I NAME The name of the corporation shall be: Ezequ | | |
| ARTICLE II PRINCIPAL OFFICE Principal street address | Mailing ad | dress, if different is: |
| 15356 SW 117 Street Miami; FL 33196 | | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized in | s: Consultation | |
| | | 2022 |
| | · · · · · · · · · · · · · · · · · · · | JUH 15 |
| ARTICLE IV SHARES The number of shares of stock is: |) | PH 1:23 |
| Name and Title: Ezequiel Landin | | |
| | 17 Street Address: | |
| Name and Title: | | |
| Address | | |
| Name and Title: | | |
| Address | Address: | |

(conti.)

| Name and Title: | Name and Title: |
|---|---|
| Notice and Time- | Address: |
| Address | Address. |
| | |
| | |
| | |
| | |
| RTICLE VI REGISTERED AGENT | |
| he name and Florida street address (P.O. Box N | OT acceptable) of the registered agent is: |
| Name: Ezequiel Lan | din |
| 15254 500 | 17 st |
| | |
| MAMI FL 3 | 51-16 |
| | |
| ARTICLE VII INCORPORATOR | 202 |
| The name and address of the Incorporator is: | ٠٠٠ ا |
| Name: Ezequiel La | ndin |
| 1075156 | 1175 <u>+</u> |
| Address: Miani FL | |
| Miado th | 331.66 |
| | nt service of process for the above stated corporation at the place designated in |
| Having been named as registered agent to accept the | appointment as registered agent and agree to act in this capacity |
| | 6/15/22 |
| Required Signature/R | Date |
| | |
| I submit this document and affilm that the fac | is stated herein are true. I am aware that the fulse information submitted in a |
| document to the Department of State constitutes | a third degree felony as provided for in \$817.155, F.S. |
| Ault L | 6/15/2d |
| Required Signature | Incorporator |
| | |