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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

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EM311	Address:	

## FLORIDA PROFIT/NON PROFIT CORPORATION CHAVEZ LAWN SERVICES CORP

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

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
2612 S <u>W 90</u>	OTH AVENUE
MIAMI, FLOR	RIDA. 33165
~	
ARTICLE	SHARES: The number of shares of stock is: 100
<b>AR</b> ROGE <u>LIO</u> CHA	TICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
<del>*************************************</del>	
<del></del>	
	INITIAL REGISTERED AGENT AND STREET ADDRESS
ROGELIO CHA	nd Florida street address (PO Box not acceptable) of the registered agen
	2 SW 90th Avenue
	umi florida 33165
ARTICLE	VI INCORPORATOR: The name and address of the Incorporator
	F7
OGEL <u>IO CHAV</u>	
OGEL <u>IO CHAV</u> 312 S <u>W 90TH A</u>	

04:1 Md 4-NOF BBB

## 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

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06-02-2020

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

06-02-2020

Date