Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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From:	Account Name Account Number Phone Fax Number	: LAZARUS CORPOR. : 120000000019 : (305)552-5973 : (305)675-5944	ATE FILING SERVICE	FLEXIDA , INC. 10A	
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I	FLORIDA PRO	OFIT/NON PRO ACOMOEZ,	FIT CORPORA INC.		
	Certificate of	Status	0		<del>1.</del>
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	Estimated Ch	arge	\$78.75		

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<b>ARTICLE I</b> NAME: The name of the corporation is:
ACOMOEZ, INC.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
Clewiston, Fl 33440.
Clewiston, F1 33440.
ARTICLE III SHARES: The number of shares of stock is:/ OO
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER:
Maria Eugenia Sosa (P)
<u>→</u> ⊆ ~
1034 Baybeary Loop
Clewiston, +1 33440.
2: <u>5</u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Maria Eugenia Sosa.
1034 BAYBERRY JOOPS
C/ew/spon, 71 33440.
_ ,
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Maria Eugenia SOSA
1234 Bayberry LOOP
Clauston F1 33440

## 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 familias: with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent

D6/18/2021

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

F: //

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