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(Ad	ldress)			
(Address)				
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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	LAZARO'S GROUP CORPORATION		
-	(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	<u>LÚDE SÜFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	LAZARO MUINA Name (Printed or typed) 6227 SW 16TH STREET		
		Address	
		L. 33155 , State & Zip	
786-226-7780 Daytime Telephone number			

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

LAZARO'S GROUP CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6227 SW 16TH ST MIAMI, FL. 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): LAZARO MUINA-PRESIDENT 6227 SW 16TH STREET MIAMI, FL. 33155

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

LAZARO MUINA 6227 SW 16TH STREET MIAMI, FL. 33155

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: LAZARO MUINA

6227 SW 16TH STREET MIAMI, FL. 33155

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

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X Vano Muc	05/31/2008
O Signature/Registered Agent	Date
x depur mung	05/31/2008
Signature/Incorporator	Date

SECRETARY OF STATE.