

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.

Phone

Account Number : I2000000019

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Em	ail	Addres	s:										

FLORIDA PROFIT/NON PROFIT CORPORATION LAVISH SPORTS MOM INC

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

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Corporate Filing Menu

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08/27/2031 06:13

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#5698 P.002/003
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
The name of the corporation shall be: LAVISH SPORTS MOM INSPM 12: 3.
ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
_80 NW 22AVE
Mami F-
23125
The purpose for which the corporation is organized is: COTHING MANUFACTURE
online Sales
,
·
ARTICLE IV SHARES The number of shares of stock is: 100
The fluition of states of state is.
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: M. ALEIANOITA FREE Title:
Address 80 NW ZZ no AVE Address:
Miami tz
33125
Disciplina
Name and Title: YESIDENT) Name and Title:
Address Address:
Name and Title: Name and Title:
Address:

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(conti.)

Name and Title:	Name and Title:							
Address	Address:							
·								
	•							
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	of the veristered mont in							
TORRE HORELL	ा me regisies कर कर्या है.							
Traine.								
Address: 80 NW 22 na P	NE.							
Miami to 33	25							
								
ARTICLE VII INCORPORATOR								
The name and address of the Incorporator is:	.1							
Name: M. ALEIAndra	- HEREU							
20 1N 1277d								
Miami tr 32	5125							
Hervine been warmed as when developed former provides of such	see for the charactered normanistan at the class declarated in							
Having been named as registered agent to accept service of proce this certificate, I am familiar with and general the appointment as	ess for the above stated corporation at the place designates in registered agent and agree to act in this capacity							
	8-12-13							
Required Signature/Registered Agent	Date							
I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.							
Lostones .	8-12-13							
Required Signature/Incorporator	Date							

SECRETARY OF STATE OF STATE CORPORATIONS

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