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.

(((H14000151689 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : I20000000019

: (305)552-5973

Fax Number

: (305)675-5944

**Enter the email address for this business entity to be used for witure annual report mailings. Enter only one email address please. **

Email	Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION JASON SOD INSTALLER, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help



A6794 (1/002/003

ARTICLES OF INCORPORATION

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

22

	•	14 JUN 24 PM 1:
ARTICLE 1 NAME: The na	me of the corporation is:	
Jason Sop	Installe	er inc.
ARTICLE II PRINC	CIPAL OFFICE:	
The principal street address a	and mailing address is:	•
Miami FL	33185	
ARTICLE III SHARES: The number of s	hares of stock is:	<u> </u>
ARTICLE IV INITIAL DIREC	TORS AND/OR OFFIC	ERS:
JULIO ESPINOSA	Moret	(P)
PEDRO TORY	RES (VP	<u>)</u>
•		
		· · · · · · · · · · · · · · · · · · ·
		·
		······································
ARTICLE V INITIAL REGISTERED	AGENT AND STREET	ADDRESS:
The name and Florida street address (PO Box		
Julio Espin		
1498(a Su)	41 LD.	
Miami FL	33185	~
[1](0,1)		,
ARTICLE VI INCOL PORATOR: The	name and address of the I	ncorporator is:
JULIO ERDI	nosa M	ORET
149810 (SIL)	41 Ln.	•
MINMI FI	33185	

APPROVEL AND #6784 P.003/003

14 JUN 24 PH 1: 22

SECRETAIN OF STATE TALLAHASSEE RIORIDA

Required Signatures:

Having been named as registered agent above stated corporation at the place of familiar with and accept the appointment in this cap	designated in this certificate, I am t as registered agent and agree to act
OAR.	6/24/14

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.

Registered Agent

Incorporator C24114