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(((H14000205295 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE; INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION OSMANY ALBERTO CORPI

Certificate of Status	0
Certified Copy	. 1
Page Count	03
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## H14000205295

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

ARTICLE I NAME: The name of the corporation is:
Osmany Alberto Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
417 SE 16 AVE
Homestead FL 33033
ARTICLE III SHARES: The number of shares of stock is: \\OO
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
OSMANY ALberto -ALVarez (P)
SEP .
-2 -2
### <b>3</b> (
: 22 IDA
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Osmany Alberto-Alvarez
411 St 16 Ave
Homestead FL 33033
,
A PUTTOU IN ANY INCOMPANY ATTOR . The reason and address of the Incompany in
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:  OSMANY ALberto - ALVAret  ALD CELLIS ALLO  ALLO

## 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

Obert
Registered Agent Date

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 Date

14 SEP -2 AM II: 22
SEGRETARY OF STATE
TALL AMASSES FLORIDA