(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
	·	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



300270388403

03/10/15--01018--019 **78.75

. 1

COVER LETTER

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

SUBJECT: ACE	Process Serve		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PPY REQUIRED
FROM:	azaro Morera	e (Printed or typed)	
P	O Box 350881		
		Address	
M	iami Florida 331	35	
	City.	State & Zip	
78	86-443-0364		
	Daytime 7	Celephone number	
gr	icarlo90@hotma	il.com	
	E-mail address: (to be use	ed for future annual report	notification)

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)

Miami Florida 33145	111 1 1 00405	
•	Miami Florida 33135	
	;;	15
ARTICLE III PURPOSE The purpose for which the corporation is organized	any and all lawful business	(3) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
within the State of Florida	and of the United States.	0 P1
	7.70	- N:
		77
The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OI	o Morera	
ARTICLE V INITIAL OFFICERS AND/OI Name and Title: PO Boy 35088	o Morera Name and Title:	
ARTICLE V INITIAL OFFICERS AND/OI	Name and Title:	
ARTICLE V INITIAL OFFICERS AND/OR Name and Title: President - Lazar Address PO Box 35088 Miami Florida	O Morera Name and Title: Address: 33135	
ARTICLE V INITIAL OFFICERS AND/OR Name and Title: PO Box 35088 Miami Florida Name and Title: V.P. Ana R. M	o Morera Name and Title: Address: 33135 Orera Name and Title:	
ARTICLE V INITIAL OFFICERS AND/OR Name and Title: President - Lazar Address PO Box 35088 Miami Florida Name and Title: V.P. Ana R. M. Address PO Box 35088	o Morera Name and Title: Address: Orera Name and Title: Address:	
ARTICLE V INITIAL OFFICERS AND/OR Name and Title: President - Lazar Address PO Box 35088 Miami Florida Name and Title: V.P. Ana R. M.	o Morera Name and Title: Address: Orera Name and Title: Address:	
ARTICLE V INITIAL OFFICERS AND/OR Name and Title: President - Lazar Address PO Box 35088 Miami Florida Name and Title: V.P. Ana R. M. PO Box 35088 Miami Florida Address PO Box 35088 Miami Florida	O Morera Name and Title: Address: Orera Name and Title: Address: Address: Address:	

Name	and Title:	Name and Title:	
Addr	ess	Address:	
ARTICLE VI The <u>name and</u> Name:	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of Lazaro Morera	f the registered agent is:	15 MAR
Address:	3210 SW 21 Street		# # # 10
	Miami Florida 33145	-	
ARTICLE VI			PH 12: 54 El statorión
·	address of the Incorporator is: Lazaro Morera		
Name:	3210 SW 21 Street	-	
Address:	Miami Florida 33145	-	
	named as registered agent to accept service of process I am familiar with fail accept the appointment as reg		
	Solo Solo Solo Solo Solo Solo Solo Solo		02/22/2015
	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein are be Department of State constitutes a third degree felon		
	11//_		02/22/2015
	Required Signature/Incorporator		UZIZZIZUIU