Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H15000063310 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:

ö

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone Fax Number : (305)552-5973 : (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 A	ddress:				

FLORIDA PROFIT/NON PROFIT CORPORATION MANUEL E. GARCIA P.E., INC.

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

ARTICLES OF INCORPORATION

H15000063310

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:	
MANUEL E. GARCÍA P.E., INC.	<u> </u>
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	1
74 10 So. CYPRISHEAD DRIVE	
PARKLAND, FL. 33067	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
MANUEL E. GARCIA - PRESIDENT	,
MANUEL E. GARCIA - PRESIDENT ANGELA R. GARCIA-VICE PRESIDE	P (
De Signatura de la Companya del Companya de la Companya del Companya de la Compa	<u> </u>
ARTICLE V INTIAL REGISTERED AGENT AND STREET ADDRESS:	=
The name and Florida street address (PO Box not acceptable) of the registered agent is:	 ت آ
Manuel E GIARCIA	iT
7410 SO CUPRESSHOOD Drives &	
Darvisod E. 22015	
TAIRIANIA FL 33XVI	
ARTICLE VI INCORPORATOR: The name and address of the incorporator is:	
MANUEL E. GARCIA	
7410 SO. Cupresshead Drive	}
Parkland to 22010	
1616000 - 160000	1

H15000063310

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

Registered Agent

3/5/15 Date 15

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

15 MAR I2 AM

2 AM 8: 04