

P150001819403

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.

(((H15000181940 3)))



H150001819403ABCS

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, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

15 JUL 18 PM 4:52

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

Email Address: _____

15 JUL 28 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
FRANCISCO LAND SERVICE, INC.**

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

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

H15000181940

ARTICLE I NAME: The name of the corporation is:

Francisco Land Service, Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3453 NW 6 St.

Miami, FL 33125

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Francisco Gonzalez Gil - P

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Francisco Gonzalez Gil

3453 NW 6 ST

Miami FL 33125

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Francisco Gonzalez Gil

3453 NW 6 ST

Miami FL 33125

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

15 JUL 28 AM 9:22


FILED

H15000181940

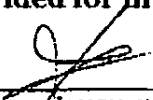
H15000181940

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	_____ 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
---	---------------

15 JUL 28 AM 8:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

H15000181940