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.

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| | To: | | | | |
|----------|---------------------------------------|--|---|--------------------------|--|
| | | Division of Corporations | | | |
| | , | Fax Number : (850)617-6381 | | | |
| | From: | | | | |
| | | Account Name : LAZARUS CORPORAT | TE FILING SERVICE, IN | IC- | |
| | | Account Number : I20000000019 Phone : (305)552-5973 | , | | |
| | | Fax Number : (305)675-5944 | | SE SE | |
| | | Total Indiana | | APR CRET | |
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| ā. | FLORIDA PROFIT/NON PROFIT CORPORATION | | | | |
| - | LORENA SERVICE GROUP CORP. | | | | |
| 7 | | LOKENA BERVICE | MOUI COIII, | | |
| APR | | Certificate of Status | 0 | | |
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| | | Estimated Charge | \$78.75 | | |

Electronic Filing Menu

Corporate Filing Menu

Help



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

| · |
|---|
| ARTICLE I NAME: The name of the corporation is: |
|) August 6000 6000 6000 |
| Jorana Service Group corp. |
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: |
| 720 Sand Creek Cir |
| weston at Zip Cook 33327 |
| |
| |
| ARTICLE III SHARES: The number of shares of stock is: |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: |
| : |
| Alma (overa Sprano (Diversor) 550 = |
| ATT R THE |
| |
| PH 2: |
| |
| Dir. |
| |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| Hima Lorena Serrano |
| 720 SAND CREEK CIR |
| WESTON FL 33327 |
| |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| ALMA LORENA SERRANO |
| 720 SAND CREEK CIR |
| NITSON EI 33377 |

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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

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.

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