

08/15/2016 14:27

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LAZARUS

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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.**

((H16000201168 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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Email Address: \_\_\_\_\_

RECEIVED

16 AUG 15 PM 3:57

CALLAHAN, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
EDWARD BOAT UPHOLSTERY INC**

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

SECRETARY OF STATE  
CALLAHAN, FLORIDA

2016 AUG 15 PM 3:55

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

H16000201168

**ARTICLE I NAME:** The name of the corporation is:

EDWARD BOAT Upholstery INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3050 NW 36 ST Apt 609  
MIAMI FL 33142

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

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

EDWARD GARCIA DURANONA (P)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 AUG 15 PM 3:55

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

EDWARD GARCIA DURANONA  
3050 NW 36 ST Apt 609  
MIAMI FL 33142

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

EDWARD GARCIA DURANONA  
3050 NW 36 ST Apt 609  
MIAMI FL 33142

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LAZARUS

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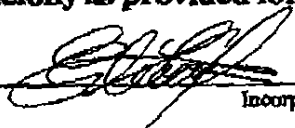
H16000201168

**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

2016 AUG 15 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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