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To:

Division of Corporations

Fax Number

: (859)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019
Phone : (305)552-5973
Fax Number : (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.**

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FLORIDA PROFIT/NON PROFIT CORPORATION BIO-SOURCES & REPAIR INC.

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	420 WEST PARK DRIVE SUITE 201
	MIAMI, FL, 33172
RTICLE III	SHARES: The number of shares of stock is:
ARTIC	LE IV INITIAL DIRECTORS AND/OR OFFICERS
	CARLOS BERENGUER
	INITIAL REGISTERED AGENT AND STREET AD
<u></u>	lorids street address (PO Box not acceptable) of the registere
	lorids street address (PO Box not acceptable) of the registere CARLOS BERENGUER. 420 WEST PORK Dri
he name and F	lorida street address (PO Box not acceptable) of the registere CARLOS BERENGUER. 120 WEST PARE Dri 201 Miami, FL 3
The name and F	lorida street address (PO Box not acceptable) of the registere CARLOS BERENGUER. 420 WEST PORK Dri 201 Miami, FL 3

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Required Signatures:

	_
Having been named as registered agent to accept service of corporation at the place designated in this certificate, I am:	familiar with and accept the
appointment as registered agent and agree to ac	t in this capacity
	9/23/16
Registered Agent	Date
1	
I submit this document and affirm that the facts stated herein the false information submitted in a document to the Depart third degree felony as provided for in s.817.155, F.S.	n are true. I am aware that ment of State constitutes a
16m	9/23/16
# Encorparator	Citro