

P16000094598

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.

(((H16000293468 3)))



H160002934683ABC5

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

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MIGUEL ANGEL GENOVA BARAZARTE P.A

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

FILED
16 NOV 30 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

DEC 01 2016

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. #16000293468

ARTICLE I NAMEThe name of the corporation shall be: Miguel Angel Genova Barazarte P.R.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

9945 NW 32nd
street
Miami FL 33172same as
principal**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Real Estate**ARTICLE IV SHARES**The number of shares of stock is: 100FILED
16 NOV 30 PM 4:28
TALLAHASSEE, FLORIDA**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: GIB INC (P) Name and Title: _____Address: 9945 nw 32nd Address: _____stMiami FL 33172

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

#16000293468

H16000293468

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MIGUEL ANGEL GENOVA
Address: 9945 NW 32nd ST
MIAMI, FL 33172

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MIGUEL ANGEL GENOVA
Address: 9945 NW 32nd ST
MIAMI, FL 33172

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



Required Signature/Registered Agent

11/28/16
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.



Required Signature/Incorporator

11/28/16
Date

FILED
16 NOV 30 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000293468