Division of Corporations **Electronic Filing Cover Sheet**

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to:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : 120000000019 : (305)552-5973 Phone ; (305)675-5944 Fax Number

**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 SOUTH FLORIDA SAFETY CONTRACTORS INC

Certificate of Status	0
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ARTICLES OF INCORPORATION

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In compliance with Chapter 607 (Profit)

MCLAHASSEE. FLORIDA

ARTICLE 1 NAME: The name of the corporation is	
South Florida Safety Contractors INC	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
5065 SW 111 Ave	
MIAMI FL 33165	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Oscar Garrida (P)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
OSCAR GARRIDO	
5065 SW 111 AVE	
MIAMI FL 33165	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
OSCAR GARRIDO	
5065 SW 111 AVE	
MIAMI FL 33/65	

FILED

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SEGNE MAY 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

Registered Agent

1/5/17

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 8.817.155, F.S.

incorporator

Date