

03/24/2017

14:3

305226 448

LAZARUS

PAGE 01/03

P17000027514

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.

(((H17000079408 3)))



H170000794083ABC3

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

M&L A/C SERVICE & REPAIR USA Corp

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

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

MAR 27 2017

17 MAR 24 PM 4:06

17 MAR 24 AM 8:00

H17000079408

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:M & L A/C Service & Repair USA Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

13137 SW 215TH TerraceMiami FL 33177**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yasmani Perez LUGO (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

YASMANI PEREZ LUGO13137 SW 215TH TERRACEMIAMI FL 33177**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:YASMANI PEREZ LUGO13137 SW 215TH TERRACEMIAMI FL 33177


17 MAR 26 AM 8:06

H17000079408

H17000079408

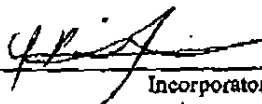
Required Signatures:

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

17 MAR 24 AM 8:06
STATE OF FLORIDA
DEPARTMENT OF STATE

H17000079408