

**P17000054980**

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.

(((H170001673183)))



H170001673183ABC1

**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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

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

Email Address: \_\_\_\_\_

RECEIVED

17 JUN 23 PM 3:49

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**FloLax Corp.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2017 JUN 23 PM 3:49

17 JUN 23 AM 11:03

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

**ARTICLE I NAME**

The name of the corporation shall be: FioLax Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

12006 ROYCE WATERFORD CIRCLE

12006 ROYCE WATERFORD CIRCLE

TAMPA, FL. 33626

TAMPA, FL. 33626

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To conduct all activities set forth and permitted under and Florida corporation law

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LORENZO MASTRANDREA, Director

Name and Title: \_\_\_\_\_

Address 12006 ROYCE WATERFORD CIRCLE

Address: \_\_\_\_\_

TAMPA, FL. 33626

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

17 JUN 23 AM 11:03

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LORENZO MASTRANDREA  
Address: 12006 ROYCE WATERFORD CIRCLE  
TAMPA, FL. 33626

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LORENZO MASTRANDREA  
Address: 12006 ROYCE WATERFORD CIRCLE  
TAMPA, FL. 33626

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

06/23/17

\_\_\_\_\_  
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

06/23/17

\_\_\_\_\_  
Date

17 JUN 23 AM 11:03