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Florida Department of State
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 : I20000000019
Phone : (305)552-5973
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RECEIVED

17 JUL 18 PM 4:55

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION LEYDER APPLIANCE SERVICE INC

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

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Corporate Filing Menu

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JUL 19 2017

T. SCOTT

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:LEYDER APPLIANCE SERVICE INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4446 SW 9 LANE
MIAMI FL 33134**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Leyder H Castellanos - P

STATE
OF FLORIDA

JUL 18 AM 8:46

RECEIVED
AND
FILED**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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


Leyder H Castellanos
4446 SW 9 Lane
Miami FL 33134**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Leyder H Castellanos
4446 SW 9 Lane
Miami FL 33134

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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

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